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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A	or th	ne 201	5 calendar year, or tax year be	eginning	10/01,201	is, and endir	ng	Commence of the Commence of th	05	3/30,2016			
_	ALCON IN		C Name of organization					D Employer ide	ntifica	ation number			
В	Check if a	ipplicable:	THE FOUNDATION FOR A	DS RESEARCH	[			13-3163	817	7			
	Addre		Doing business as AIDS RESEA	ARCH FOUNDAT	ION OR AMFAR								
	Name	e change	Number and street (or P.O. box if ma	il is not delivered to s	treet address)	Room/suite		E Telephone nu	mber				
	Initia	l return	120 WALL STREET 13TH	FLOOR				(212) 80	6 - 1	.600			
		return/ nated	City or town, state or province, count	ry, and ZIP or foreign	postal code								
	Amer	nded	NEW YORK, NY 10005-39	808				G Gross receipts	\$	72,055,723.			
7		cation	F Name and address of principal officer	KEVIN F	ROST			H(a) Is this a gro	up retu	rn for Yes X No			
-	_ pond	mg.	120 WALL STREET 13TH	FLOOR NEW Y	ORK, NY 10005	5		subordinates H(b) Are all subord		ncluded? Yes No			
1	Tax-ex	empt st	atus: X 501(c)(3) 501(c)	( ) <b>◀</b> (inser	t no.) 4947(a)(1	) or 52	7	ALBERT STATE OF THE PARTY OF TH		it. (see instructions)			
J			WWW.AMFAR.ORG	, , , , , , , , , , , , , , , , , , , ,		/		H(c) Group exem	ption n	number <b>&gt;</b>			
-			nization: X Corporation Trust	Association	Other ▶	L Year o	f format		-	of legal domicile: NY			
10000	art I	_	mmary						-				
			describe the organization's missio	n or most significa	nt activities · AMFAR	IS DEDIC	CATED	TO ENDING	TH	E GLOBAL			
a			E PIDEMIC THROUGH INNO										
anc													
E	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Activities & Governance	3		er of voting members of the govern						3	17.			
∾ಶ	4	Numb	er of independent voting members	of the governing h	and (Part VI line 1h)				4	17.			
es	5								5	85.			
ivit	(32.5)		number of individuals employed in o						6	0.			
Act	6		number of volunteers (estimate if nec						-	0.			
			unrelated business revenue from Pa						7a 7b	0.			
-	D	ivet ur	nrelated business taxable income fro	m Form 990-1, lin	e 34			Prior Year	70	Current Year			
							-	56,251,128	5				
ne	8		butions and grants (Part VIII, line 1h					56,251,126	0.	58,810,206.			
ven	9	Progra	am service revenue (Part VIII, line 2g	)				1 500 10		0.			
Revenue	10		ment income (Part VIII, column (A),					1,528,18	-	1,108,834.			
	11		revenue (Part VIII, column (A), lines					10,047,530	_	-11,056,842.			
-	12		revenue - add lines 8 through 11 (m				-	47,731,778	_	48,862,198.			
	13		s and similar amounts paid (Part IX,					9,528,18		10,349,259.			
	14		its paid to or for members (Part IX, o						0.	0.			
es	15		es, other compensation, employee b					10,307,568	-	10,487,770.			
Expenses	16 a	Profes	ssional fundraising fees (Part IX, colu	mn (A), line 11e)				739,79	3.	854,723.			
хb			fundraising expenses (Part IX, colum					The second s	Publish	The Army Section State Species			
_	17	Other	expenses (Part IX, column (A), lines	11a-11d, 11f-24e				17,000,831	-	19,985,556.			
	18	Total e	expenses. Add lines 13-17 (must eq	ual Part IX, column	n (A), line 25)		-	37,576,374		41,677,308.			
- 10		Reven	ue less expenses. Subtract line 18 f	rom line 12			-	10,155,404		7,184,890.			
s or							Begini	ning of Current \	ear	End of Year			
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)	******				71,251,093	3.	80,773,661.			
t As	21	Total I	iabilities (Part X, line 26)	*******				18,212,47	L .	19,134,481.			
		Net as	ssets or fund balances. Subtract line	21 from line 20.				53,038,622	2.	61,639,180.			
	rt II		nature Block										
Und	der per	nalties o	f perjury, I declare that I have examined complete. Declaration of preparer (other to	this return, including	ng accompanying sche	dules and stater	ments, a	nd to the best of	my k	knowledge and belief, it is			
	, 00110	1	complete. Bestellation of property (care)	indir onioon, to paper		men proparer ne	o dirij kiri	l l					
0:-	_	<b>.</b>							21	1.2017			
Sig			Signature of officer					Date					
Hei	е		Brad	ley Jensen, C	FO & Asst Tre	asurer							
			Type or print name and title			00.34° 340 00.00 0							
De:		Print/	Type preparer's name	Preparer's signa		Date		Check	if F	PTIN			
Paid		SCOI	TT THOMPSETT	Sith Shamp	PANV	06/20,				P00741490			
1000	Only	Firm's	name ▶GRANT THORNTON L	LP				Firm's EIN ▶ 3	6-6	055558			
USE	Only	Firm's	address ▶757 THIRD AVE 4TH FLOOR	NEW YORK, NY 1	0017-2013					599-0100			
Мау	the II		cuss this return with the preparer sh							. X Yes No			
For	Danes	nuork l	Paduction Act Notice see the sens	rate instructions						Form 990 (2015)			

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P	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?	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	
		X No
	If "Yes," describe these changes on Schedule O.	urad by
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	_
	the total expenses, and revenue, if any, for each program service reported.	othors
<u>4a</u>	(Code: ) (Expenses \$ 20,212,802. including grants of \$ 6,558,844. ) (Revenue \$ 0. )	
	RESEARCH: AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL	
	APPROACHES TO SCIENTIFICALLY SOUND BUT UNTESTED HYPOTHESES IN ALL	
	AREAS OF RESEARCH ON HIV/AIDS, FUNDING GOAL-ORIENTED STUDIES THAT	
	OFTEN LACK THE PRELIMINARY DATA REQUIRED FOR SUPPORT FROM	
	TRADITIONAL GRANT MAKERS. THE FOUNDATION PLAYS A VITAL ROLE IN	
	HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN KNOWLEDGE AND	
	PROVIDING ESSENTIAL SEED MONEY THAT ENABLES GRANTEES AND FELLOWS	
	TO TEST THE MERITS OF NEW CONCEPTS OR TECHNOLOGIES THAT	
	SUBSEQUENTLY CAN BE VALIDATED THROUGH LARGE-SCALE STUDIES, SUCH AS	
	THOSE FUNDED BY THE U.S. NATIONAL INSTITUTES OF HEALTH. FOR	
	FURTHER DETAILS, SEE SCHEDULE O.	
	(O-du ) (D-u-u-d)	
4b	(Code:)(Expenses \$5,274,103. including grants of \$2,468,525)(Revenue \$0) TREAT ASIA: AMFAR'S TREAT ASIA (THERAPEUTICS RESEARCH, EDUCATION,	
	AND AIDS TRAINING IN ASIA) PROGRAM IS A NETWORK OF HOSPITALS,	
	CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO	
	ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV TREATMENTS TO ADULTS	
	AND CHILDREN ACROSS THE ASIA-PACIFIC THROUGH RESEARCH, EDUCATION,	
	AND ADVOCACY OF EVIDENCE-BASED HIV-RELATED POLICIES. THE TREAT	
	ASIA NETWORK ENCOMPASSES 21 ADULT AND 19 PEDIATRIC SITES	
	THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS.	
	FOR FURTHER DETAILS, SEE SCHEDULE O.	
4c	(Code:) (Expenses \$ <sub>3,867,810</sub> . including grants of \$) (Revenue \$)	
	PUBLIC INFORMATION: AMFAR SEEKS TO TRANSLATE AND DISSEMINATE	
	INFORMATION ON IMPORTANT AIDS-RELATED RESEARCH, TREATMENT,	
	PREVENTION, AND POLICY ISSUES FOR DIVERSE AUDIENCES AND TO	
	INCREASE BROAD AWARENESS AND KNOWLEDGE OF THE PANDEMIC. AMFAR ALSO	
	PUBLISHES A WIDE RANGE OF EDUCATIONAL MATERIALS, MAINTAINS AN	
	INFORMATIVE WEBSITE, AND ENGAGES RESPECTED PUBLIC FIGURES, HIV/AIDS SCIENTISTS, AND POLICYMAKERS IN COMMUNICATING THE NEED	
	FOR CONTINUED RESEARCH TO DEVELOP NEW METHODS OF PREVENTION,	
	TREATMENT, AND, ULTIMATELY, A CURE FOR AIDS. FOR FURTHER DETAILS,	
	SEE SCHEDULE O.	
4d	Other program services (Describe in Schedule O.)  ATTACHMENT 2	
	(Expenses \$ 3,893,851. including grants of \$ 1,321,890. ) (Revenue \$ 0. )	
40	Total program service expenses > 33.248.566.	

JSA 5E1020 1.000 76004W 700J Form 990 (2015) Page **3** 

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

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to any domestic organization or } \\$			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	$\label{eq:definition} \mbox{Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than } $			
	100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots$	24d		
25a	$\textbf{Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations}. \ \textbf{Did the organization engage in an excess benefit}$			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 50		
01	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		_	000	(2045)

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Part V S Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V			-
	Enter the number reported in Box 3 of Form 1006. Enter 0, if not applicable.		Yes	No
	Enter the number reported in Box 3 of Form 1030. Enter -0- in not applicable			
	Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.	X	
_	reportable gaming (gambling) winnings to prize winners?	1c	Λ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return.			
	Statements, med for the calendar year ending with or within the year covered by this return.	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	Х	
h	account)?			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots$	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		Х
_	stockholders, or persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	X	
a	The governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?	0.0		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	X	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	100		
460	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		,-	,,
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest	policy	, and
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records: 

BRADLEY JENSEN 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005-3908 212-806-1703 20

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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	box,	unles	Pos heck ss pe	erson	e han o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Ω ≒	Institu ional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)MATHILDE KRIM, PH.D.	1.00										
FOUNDING CHAIRMAN	0.	Х		Х				0.	0.	0.	
(2)KENNETH COLE	1.00										
CHAIRMAN OF THE BOARD	0.	Х		Х				0.	0.	0.	
(3)PATRICIA J. MATSON	1.00										
VICE CHAIRMAN	0.	X		Х				0.	0.	0.	
(4) JOHN C. SIMONS	1.00										
VICE CHAIRMAN AND TREASURER	0.	Х		Х				0.	0.	0.	
(5) MERVYN F. SILVERMAN, M.D., M.P.	1.00										
SECRETARY	0.	X		X				0.	0.	0.	
(6)ARLEN H. ANDELSON	1.00										
TRUSTEE	0.	X						0.	0.	0.	
_(7)HARRY_BELAFONTE	1.00							_	_	_	
TRUSTEE (NON-VOTING)	0.	X						0.	0.	0.	
_(8)DAVID_BOHNETT	1.00							_	_	_	
TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.	
(9)ZEV BRAUN	1.00										
TRUSTEE (NON-VOTING)	0.	X						0.	0.	0.	
(10) JONATHAN S. CANNO	1.00								_		
TRUSTEE	0.	Х						0.	0.	0.	
(11)DONALD CAPOCCIA	1.00							0.	0.	0	
TRUSTEE	1.00	Х						0.	0.	0.	
(12)R. MARTIN CHAVEZ, PH.D. TRUSTEE	0.	Х						0.	0.	0.	
(13) JANE B. EISNER	1.00	Λ						0.	0.		
TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.	
TROUBE (NON VOITHO)	0.		-	-			-	0.	0.	<u> </u>	

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TRUSTEE

(14)T. RYAN GREENAWALT

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0.

0.

0.

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0.

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

	(A)	(B)			(	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unle er an	heck ss pe d a c	erson	e han o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15)	REGAN HOFMANN	1.00									
	TRUSTEE	0.	Х						0.	0.	0.
16)		1.00									
	TRUSTEE	0.	X						0.	0.	0.
17)		1.00									
	TRUSTEE	0.	X						0.	0.	0.
18)		1.00									
	TRUSTEE (NON-VOTING)	0.	X						0.	0.	0.
19)		1.00									
	TRUSTEE	0.	X						0.	0.	0.
20)		1.00									
	TRUSTEE	0.	X						0.	0.	0.
21)		1.00									
	TRUSTEE	0.	X						0.	0.	0.
22)		1.00									
	TRUSTEE	0.	X						0.	0.	0.
23)	RAYMOND F. SCHINAZI, PH.D. TRUSTEE	1.00	Х						0.	0.	0.
24)	ALAN D. SCHWARTZ	1.00									
	TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.
25)	DIANA L. TAYLOR	1.00									
	TRUSTEE (NON-VOTING)	0.	Х						0.	0.	0.
1b	Sub-total						-	_	0.	0.	0.
	Total from continuation sheets to Part VII, S	ection A			• •			•	2,969,940.	0.	530,282.
	Total (add lines 1b and 1c)	_		-	-	-		•	2,969,940.	0.	530,282.
	Total number of individuals (including but not							o re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n 🕨	25	5			•			,	
											Yes No
3	Did the organization list any former office	er directo	or or	tri	ıste	e	kev e	emn	olovee or highes	t compensated	
	employee on line 1a? If "Yes," complete Sched										3 X
4	For any individual listed on line 1a, is the										
4	organization and related organizations gre										
	individual										4 X
5	Did any person listed on line 1a receive or										

#### 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 ▶ 8

for services rendered to the organization? If "Yes," complete Schedule J for such person

Form **990** (2015)

Part VII

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Part VII Section A. Officers, Directors, Tru	JSICCS, NC	y EII	ipic	ye	es,	anu r	ııgı	Tiest Compensat	eu Employees (c	conunuea)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe	erson lirect	e han o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) KEVIN WENDLE										
TRUSTEE (NON-VOTING)	40.00	X						0.	0.	0.
27) KEVIN FROST	40.00							550 600		02.061
CHIEF EXECUTIVE OFFICER	0.			Х				550,683.	0.	93,261.
28) BRADLEY JENSEN	40.00	-		.,				245 622		F.C. 0.0F
ASSISTANT TREASURER, CFO	0.			Х				245,632.	0.	56,005.
29) JOHN F. LOGAN, J.D., PH.D.	40.00			Х				220 007	0.	20 605
ASST SEC, VP, GEN COUNSEL 30) ROWENA JOHNSTON	40.00			Λ				228,897.	0.	28,695.
ASST SECRETARY, VICE PRESIDENT	0.	1		Х				187,484.	0.	25,776.
31) EDWARD DONNELLY	40.00			Λ				107,404.	0.	25,170.
ASST TREASURER, CONTROLLER	0.00	-		Х				151,164.	0.	22,555.
32) ERIC MUSCATELL	40.00			Λ				131,104.	0.	22,333.
VICE PRESIDENT OF DEVELOPMENT	0.	-			Х			210,876.	0.	27,499.
33) ANNETTE SOHN	40.00							223,3131		2.,,100.
VICE PRESIDENT, TREAT ASIA PGM	0.	1			Х			226,342.	0.	22,332.
34) ANNMARIE SHANNAHAN	40.00									
VICE PRESIDENT, PUBLIC INFO.	0.				Х			216,462.	0.	27,806.
35) GREGORIO MILLET	40.00									
VICE PRESIDENT, PUBLIC POLICY	0.	1			Х			180,559.	0.	24,932.
36) ANDREW MCINNESS	40.00									
DIRECTOR, PUBLICATIONS	0.	1				X		154,961.	0.	49,713.
1b Sub-total	•						<b></b>			
c Total from continuation sheets to Part VII, S	ection A .						•			
d Total (add lines 1b and 1c)									<b>1</b>	
Total number of individuals (including but not reportable compensation from the organization				d al	bov	e) who	o re	eceived more than	\$100,000 of	
9 Did the ergonization list only frames off-	or direct-		4	.ata	_	kov -		Javas as bish	t components d	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler										3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	com	per	satio	n ai	nd other compens	sation from the	
organization and related organizations graindividual	eater than	<b>\$</b> 15	0,0	00?	) It	"Yes	5,"	complete Schedu	le J for such	4 X

# for services rendered to the organization? *If "Yes," complete Schedule J for such person*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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

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

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Part VII Section A. Officers, Directors, Tru	istees. Ke	v Em	nplo	vee	25.	and I	lial	hest Compensat	ed Employees (c	Page (
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl	Pos heck ss pe	ition more	han of is both or/trust Highest compensated	ne an	(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
37) ANTHONY ANCONA	40.00									
VICE PRESIDENT, HUMAN RESOURCE	0.					Х		173,915.	0.	24,883.
38) SUSAN DOSTER	40.00							270,0201		21,000
CHIEF TECHNOLOGY OFFICER	0.					Х		141,709.	0.	40,092
39) BENNAH SERFATY	40.00							111,700.	· .	10,002.
SR DIRECTOR OF COMMUNICATION	0.					х		123,037.	0.	47,434.
40) JONATHAN KEY	40.00					Λ		123,037.	0.	47,434.
DIRECTOR, PHILANTHROPY	0.					х		178,219.	0.	39,299
								,		,
1b Sub-total	ection A				· ·		► ► •	eceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	25	5							
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	ivid	ual						Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization. Report of year.										

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

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

Form 990 (2015)

Part VIII Statement of Rev	ven	Пe
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rai	ιVII	Check if Schedule O contains a respon	ise or note to ar	nv line in this Part VI	11		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a	267,404.				
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b					
ifts,	С	Fundraising events 1c	33,932,932.				
a, G	d	Related organizations	10.050.451				
ions	e	Government grants (contributions) 1e	13,063,451.				
ibut	Ť	All other contributions, gifts, grants, and similar amounts not included above . 1f	11,546,419.				
d d	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total</b> . Add lines 1a-1f		58,810,206.			
Service Revenue			Business Code				
eve	2a						
8	b						
ē	С						
n S	d						
gra	e	All -4b					
Program	f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including dividen					
		and other similar amounts)	<b>≻</b>	1,300,886.			1,300,886.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		15,486.			15,486.
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	d	Rental income or (loss)	<b>•</b>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 9,683,064.					
	b	Less: cost or other basis					
		and sales expenses 9,875,116.					
	С	Gain or (loss)					
	d	Net gain or (loss)		-192,052.			-192,052.
ηne	8a	Gross income from fundraising					
ever		events (not including \$33,932,932. of contributions reported on line 1c).					
ě		See Part IV, line 18 a	2,065,725.				
Other Revenue	b	Less: direct expenses b	13,267,689.				
	С	Net income or (loss) from fundraising events.	▶	-11,201,964.			-11,201,964.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	40-	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances a	169,839.				
	b	Less: cost of goods sold b	50,720.				
	c	Net income or (loss) from sales of inventory.		119,119.			119,119.
		Miscellaneous Revenue	Business Code				
	11a	LIST RENTALS	900099	9,117.			9,117.
	b	STORE SALES	900099	604.			604.
	C	MISCELLANEOUS INCOME	900099	796.			796.
	d	All other revenue	<b></b>	10,517.			
	е 12	Total revenue. See instructions		48,862,198.			-9,948,008.
JSA			-			•	E 000 (201E)

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# Part IX Statement of Functional Expenses

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX							
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1 Grants and other assistance to domestic organizations							
and domestic governments. See Part IV, line 21	5,862,816.	5,862,816.					
2 Grants and other assistance to domestic							
individuals. See Part IV, line 22	0.						
3 Grants and other assistance to foreign							
organizations, foreign governments, and foreign							
individuals. See Part IV, lines 15 and 16	4,486,443.	4,486,443.					
4 Benefits paid to or for members	0.						
5 Compensation of current officers, directors,							
trustees, and key employees	2,648,073.	1,927,273.	343,609.	377,191.			
6 Compensation not included above, to disqualified							
persons (as defined under section 4958(f)(1)) and							
persons described in section 4958(c)(3)(B)	0.						
7 Other salaries and wages	5,613,504.	3,707,639.	612,539.	1,293,326.			
8 Pension plan accruals and contributions (include				_			
section 401(k) and 403(b) employer contributions)	340,688.	223,192.	40,527.	76,969.			
9 Other employee benefits	1,385,492.	903,861.	202,309.	279,322.			
10 Payroll taxes	500,013.	324,470.	61,337.	114,206.			
11 Fees for services (non-employees):							
a Management	0.						
<b>b</b> Legal	155,687.	148,384.	5,736.	1,567.			
c Accounting	189,003.		189,003.				
d Lobbying	95,320.	95,320.					
e Professional fundraising services. See Part IV, line 17.	854,723.			854,723.			
f Investment management fees	265,339.		265,339.				
g Other. (If line 11g amount exceeds 10% of line 25, column							
(A) amount, list line 11g expenses on Schedule O.)	1,960,502.	1,400,385.	74,386.	485,731.			
12 Advertising and promotion	258,250.	241,080.	1,621.	15,549.			
13 Office expenses	76,737.	46,214.	6,340.	24,183.			
14 Information technology	293,765.	225,841.	31,251.	36,673.			
<b>15</b> Royalties	0.						
16 Occupancy	1,280,442.	969,575.	127,879.	182,988.			
17 Travel	1,191,577.	526,831.	2,892.	661,854.			
18 Payments of travel or entertainment expenses	_						
for any federal, state, or local public officials	0.						
19 Conferences, conventions, and meetings	732,011.	651,535.	10,086.	70,390.			
20 Interest	38.		38.				
21 Payments to affiliates	0.						
22 Depreciation, depletion, and amortization	462,556.	352,712.	46,520.	63,324.			
23 Insurance	315,054.	240,238.	31,685.	43,131.			
24 O her expenses. Itemize expenses not covered							
above (List miscellaneous expenses in line 24e. If							
line 24e amount exceeds 10% of line 25, column							
(A) amount, list line 24e expenses on Schedule O)	0 440 440	0.440.440					
a PROGRAM MATERIALS	8,449,443.	8,449,443.					
bPOSTAGE & SHIPPING	996,058.	996,058.	407	570 107			
cPRINTING	815,503.	236,989.	407.	578,107.			
dPROGRAM TECHNICAL SUPPORT	711,501.	314,466.	3,164.	393,871.			
e All other expenses	1,736,770.	917,801.	453,313.	365,656.			
25 Total functional expenses. Add lines 1 through 24e	41,677,308.	33,248,566.	2,509,981.	5,918,761.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs							
from a combined educational campaign and							
fundraising solicitation. Check here X if	0.57 54.5	050 101		645 005			
following SOP 98-2 (ASC 958-720)	887,518.	272,421.		615,097. Form <b>990</b> (2015)			

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Part X Ba Page **11** 

### **Balance Sheet**

	Check if Schedule O contains a response or note to any line in this Part X								
		Shook ii Sonoddio O Sondino a response o			(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			18,387,580.	1	21,651,323.		
	2	Savings and temporary cash investments			323,338.	2	323,338.		
	3	Pledges and grants receivable, net	369,693.	3	464,693.				
	4	Accounts receivable, net			6,118,590.	4	9,959,486.		
	5	Loans and other receivables from current and							
		trustees, key employees, and highest co	ompei	nsated employees.					
			0.	5	0.				
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont							
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu							
		organizations (see instructions). Complete Part II of Sche			0.	6	0.		
Assets	7	Notes and loans receivable, net			0.	7	0.		
Ass	8	Inventories for sale or use			191,382.	8	575,913.		
_	9	Prepaid expenses and deferred charges			1,480,222.	9	1,630,566.		
	10 a	Land, buildings, and equipment: cost or							
		other basis. Complete Part VI of Schedule D	10a	6,869,229.					
	b	Less: accumulated depreciation	10b	3,892,663.	2,288,934.	10c	2,976,566.		
	11	Investments - publicly traded securities			39,666,715.	11	42,064,454.		
	12	Investments - other securities. See Part IV, line 11			1,069,137.	12	36,797.		
	13	Investments - program-related. See Part IV, line 11			0.	13	0.		
	14	Intangible assets	0.	14	0.				
	15	Other assets. See Part IV, line 11	1,355,502.	15	1,090,525.				
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	71,251,093.	16	80,773,661.		
	17	Accounts payable and accrued expenses	3,435,700.	17	3,412,592.				
	18	Grants payable	3,049,552.	18	2,973,966.				
	19	Deferred revenue			10,067,061.	19	10,727,662.		
	20	Tax-exempt bond liabilities			0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.	21	0.		
es	22	Loans and other payables to current and for							
Liabilities		trustees, key employees, highest compen					-		
jab		disqualified persons. Complete Part II of Schedule			0.		0.		
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.		
	24	Unsecured notes and loans payable to unrelated			0.	24	0.		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines		· •	1 660 150		0.000.001		
		of Schedule D			1,660,158.	25	2,020,261.		
_	26	<b>Total liabilities.</b> Add lines 17 through 25			18,212,471.	26	19,134,481.		
Ş		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		chere P 🔼 and					
nce.	27	Unrestricted net assets			48,874,571.	27	58,215,899.		
ala	28	Temporarily restricted net assets			3,808,811.	28	3,060,748.		
g B	29	Permanently restricted net assets			355,240.	29	362,533.		
ڃ		Organizations that do not follow SFAS 117 (ASC 958)			,		, , , , , , , , , , , , , , , , , , , ,		
7		complete lines 30 through 34.	, 01100	K HOIC P dild					
ts (	30	Capital stock or trust principal, or current funds				30			
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31			
Ą	32	Retained earnings, endowment, accumulated income				32			
Net	33	Total net assets or fund balances			53,038,622.	33	61,639,180.		
_	34	Total liabilities and net assets/fund balances			71,251,093.	34	80,773,661.		
	•			1			5 000 (2245)		

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,8	62,1	98.
2						
3	Revenue less expenses. Subtract line 2 from line 1	3		7,1	84,8	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		53,0	38,6	22.
5	Net unrealized gains (losses) on investments	5		1,4	13,4	85.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2,1	L83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		61,6	39,1	.08
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaiı	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as see	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the		,,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

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

### Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of he Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH 13-3163817 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х 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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,247,849.	38,582,579.	57,556,516.	56,251,128.	58,810,206.	244,448,278.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	33,247,849.	38,582,579.	57,556,516.	56,251,128.	58,810,206.	244,448,278.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						6,057,646.
	tion B. Total Support						238,390,632.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	33,247,849.	38,582,579.	57,556,516.	56,251,128.	58,810,206.	244,448,278.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	897,974.	755,293.	804,366.	1,652,775.	1,316,372.	5,426,780.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH.1	1,624,966.	1,467,184.	1,693,833.	2,103,589.	2,246,081.	9,135,653.
11	Total support. Add lines 7 through 10						259,010,711.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li					14	92.04%
15	Public support percentage from 2014					15	92.32 %
16a	331/3% support test - 2015. If the o	_					. 37
	this box and <b>stop here</b> . The organization	•		_			
b	331/3% support test - 2014. If the c						
	check this box and <b>stop here</b> . The orga		-				
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						
	Part VI how the organization meets to organization			_	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances"	test, check th	nis box and <b>st</b> o	op here.
	Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization						
	instructions						<u>► ∟</u>

Schedule A (Form 990 or 990-EZ) 2015 Page 3

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

(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.)

	· · · · · · · · · · · · · · · · · · ·	<u> </u>				,	
	tion A. Public Support		#10040	4 1 0 0 4 0	400044	4 ) 0045	(D.T.)
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	_					
	organization, check this box and stop here .						▶
	tion C. Computation of Public Sup					T T	
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investmen					T T	
17	Investment income percentage for 2015 (lin					17	%
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2015. If the $\ensuremath{\text{org}}$	ganization did n	ot check the box	on line 14, and	d line 15 is mo	re than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and sto	<b>p here.</b> The orga	anization qualifie	s as a publicly	supported organi	ization 🕨 🔃
b	331/3% support tests - 2014. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/3	3 %, and
	line 18 is not more than $331/3\%$ , check		-				
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see instr	uctions >

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Schedule A (Form 990 or 990-EZ) 2015 Page **4** 

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

9000	ion A. An oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а		5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If</i> "Yes," <i>provide detail in</i> <b>Part VI.</b>	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
h	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
b	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2015

<u>Schedule A</u> (Form 990 or 990-EZ) 2015

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Yes   No   A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization or together with persons described in (b) and (c) below, the governing body of a supported organization or together with persons described in (b) and (c) below the governing body of a supported organization or together with persons described in (b) above? If "Yes" to a, b, or c, provide detail in Part VI.    1	Part	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entire of a person described in (a) above?  c A 35% controlled entire of a person described in (a) above?  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or trustees at all times during the tax year? If No." describe in Part VI how the supported organization is derived organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization or and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization organization for environmentation organization from the powers of a papping and and or remove directors or trustees delicated among the supported organization(s) that operated, supervised, or controlled the supported organization organization in the transported organization organization or restrictions, if any, applied to such powers during the tax year.  2 Did the organization organization for any supported organization organization(s) that operated, supervised, or controlled the supported organization organization or trustees of each of the organization organization or supported organization or trustees of each of the organization organization organization or trustees of each of the organization organization was vested in the same persons that controlled or managed the supporting Organization				Yes	No
below, the governing body of a supported organization?  A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Yes No  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization siderctors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of effectively operated, supervised, or controlled the organization's activities. If the organization and what conditions are written from organization and what conditions are written to engine and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions are written from special times are provided organization organization organization organization operate for the benefit of any supported organization of the than the supported organization organization with the purposes of the supported organization in the supported organization organization organization and what conditions are restrictions, If any, applied to such powers during the tax year.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of a the organization's directors or trustees during the tax year also a majority of the directors or trustees of seach of the organization's supported organization's supported organization's provided organization's powering documents in effect on the date of notification, to the estent not previously for the organization's officers, directors, or trustees either (i) appointed organization's provided organization's provided organization's provided organization's provi	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?  c A 25% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or trustees at all times during the tax year? If "No," describe in Part V how the supported organizations or controlled the organization's activities. If the organization had more than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  3 Did the organization benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) the organization organization is supported organization in Part VI how control the supported of the organization in Supported organizations and supported organization in Part VI how the supported organization(s) or general provided of the organization in Part VI how the organization's poverning documents in effect on the date of notification, to the extent not previously provided?  2 Wore any of the organization's officers, directors, or trustees either (i) appointed organization(s).  3 By reason of the relationship described in (2), did the organi	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A 55% controlled ontity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Yes No  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization as activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization (s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s). If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's superior, of a supported organization, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed organization in Part VI how the organization's over the progranization's supported organization's provided organization's powering documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization of the restriction's or trustees either (i) appointed organization's in Part VI		below, the governing body of a supported organization?	11a		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees and times during the tax year." If "No," describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization pentale for the benefit of any supported organization of the than the supported organizations? If "Yes," explain in Part Vinow providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations or trustees of each of the organizations' supported organization(s)? If "No," describe in Part VI how control or management of the supporting organizations is VINOW provided organization(s).  3 Did the organization provide to each of its supported organizations, by the list day of the fifth month of the organization is a year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's as vigoriation is a year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (iii) serving on the governing body of a supported organization? If "No,	b	A family member of a person described in (a) above?	11b		
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tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's never as a fill times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally-Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  1 The organization satisfied the Activities Test. Complete line 2 below.  2 Activities Test. Answer (a) and (b) below.  2 Activities Test. Answer (a) and (b) below.  3 Did substantially all of its activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  5 Did the activities described in (a) constitute activities that, but for the organization have reasons for the organization's supported organization(s) would have been engaged in these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer (a) and (b) below.  a Did the organization have t	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
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	h		Ju		
			3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	6	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con	-	•	structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , , ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
,	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b								
С								
d	From 2013							
е	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount							
<u> </u>	Carryover from 2010 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section							
	D, line 7:							
	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount  Remainder. Subtract lines 4a and 4b from 4.							
_ C								
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
•	and 4b from line 1 (if amount greater than zero, see							
	,							
7	instructions).  Excess distributions carryover to 2016. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
a								
b								
c	Excess from 2013							
	Excess from 2014							
	Excess from 2015							

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

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

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

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of he Treasury Internal Revenue Service

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

Name of the organization THE FOUNDATION FOR AIDS RESEARCH 13-3163817 Organization type (check one): Filers of: Section: X  $501(c)(^3$ Form 990 or 990-EZ ) (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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**  $\lfloor X \rfloor$  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

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

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 ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$ <u>3,054,658.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number 13-3163817

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
i) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u></u>	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization THE FOUNDATION FOR AIDS RESEARCH Employer identification number 13-3163817 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of he Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

•	(see separate instructions), then Section 501(c)(4), (5), or (6) orga			•		·
	e of organization	anzations. Complete Furt III.		Employer ide	ntification number	
	FOUNDATION FOR AIDS	RESEARCH		13-316		
		organization is exempt under	section 501(c) or			
1	•	organization's direct and indirect				
	•					
Par	t I-B Complete if the o	organization is exempt under	section 501(c)(3).			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$		
2	Enter the amount of any exc	cise tax incurred by organization m	nanagers under secti	on 4955 ▶ \$		
3	If the organization incurred a	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.					
Par	t I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<b>).</b>	
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	kempt function		
2		ng organization's funds contribute				
	•	es				
3		enditures. Add lines 1 and 2. Er				
						T
4 5		e Form 1120-POL for this year? . and employer identification numl				No
•		s. For each organization listed, e				
	. ,	ributions received that were pror	•			
	as a separate segregated fur	nd or a political action committee	(PAC). If additional sp	ace is needed, provide i	nformation in Pa	rt IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of p	olitical
				filing organization's	contributions rece	
				funds. If none, enter -0	promptly and di delivered to a se	-
					political organiza	•
					none, enter -	
(1)						
.,						
(2)						
(3)						
(4)						
(5)						
(6)			_			
		I .	1	1	1	

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

Schedule C (Form 990 or 990-EZ) 2015

							9
P	art II-A Complete if the orga section 501(h)).	nizati	on is exen	npt under sectior	1 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ► if the filing organi name, address, Ell	ization N, expe	belongs to enses, and	an affiliated grou share of excess lo	p (and list in Pa obbying expend	rt IV each affiliated g itures).	roup member's
В	Check ▶ if the filing organi	ization	checked b	oox A and "limited	control" provision	ons apply.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expenditur	res" me	eans amour	its paid or incurred.	)	organization's totals	group totals
18	a Total lobbying expenditures to inf	luence	public opini	on (grass roots lobb	oying)		
	<b>b</b> Total lobbying expenditures to inf	luence	a legislative	body (direct lobbyi	ng)		
(	total lobbying expenditures (add	lines 1	a and 1b) .				
(	d Other exempt purpose expenditur	res					
•	Total exempt purpose expenditure	es (add	l lines 1c an	d 1d)			
1	f Lobbying nontaxable amount. E	nter the	e amount f	rom the following t	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbyin	g nontaxable amount i	is:		
	Not over \$500,000		20% of the a	amount on line 1e.			
	Over \$500,000 but not over \$1,000,0	000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500	0,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,00	00,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000 \$1,000,000.							
	g Grassroots nontaxable amount (e				_		
	h Subtract line 1g from line 1a. If ze	ero or le	ess, enter -0	•			
	Subtract line 1f from line 1c. If ze						
j	If there is an amount other than						
	reporting section 4911 tax for this						Yes No
				aging Period Unde			
	(Some organizations that i				•		nns below.
		See	the separat	e instructions for I	ines 2a through	2f.)	
				5 . 434			
_		Lobb	ying Exper	ditures During 4-Ye	ear Averaging Per	riod	T
	Calendar year (or fiscal year beginning in)	(a) 2012		<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
28	a Lobbying nontaxable amount						
ı	b Lobbying ceiling amount (150% of line 2a, column (e))						
(	C Total lobbying expenditures						
(	d Grassroots nontaxable amount						
_	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

5E1265 1.000 76004W 700J V 15-7.18 PAGE 30 Schedule C (Form 990 or 990-EZ) 2015

Pa	ttll-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		ago C
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(b)	)	
	cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		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?		Х				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			0.60	477
i	Other activities?	X					, 477 , 477
j	Total. Add lines 1c through 1i		X			200,	,4//
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		X				
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		ection			
r u	501(c)(6).	(6)(3)	, or s	CCIIOI	•		
	σσ. (σ <sub>)</sub> (σ).					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		
Pa	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					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 amou political expenses for which the section 527(f) tax was paid).	ints	OI				
а				20			
b				2a 2b			
c	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		 ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?	_	_	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Pa	rt IV Supplemental Information						
Prov	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list	); Part	II-A, li	nes 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
SEI	E PAGE 4						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015

#### Part IV Supplemental Information (continued)

LOBBYING EXPENSES

PART II-B

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

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Financial Statements

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

► Attach to Form 990.

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

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Open to Public Inspection

Name of the organization Employer identification number THE FOUNDATION FOR AIDS RESEARCH 13-3163817 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year....... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Schedule D (Form 990) 2015

▶ \$ \_

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2015 Page **2** 

Par	t    Organizations Maintaini	ng Collections of	Art, Historical	reasures,	or Othe	r Similar Asse	ts (cor	ntinue	d)
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of th	e followin	g that are a sigr	nificant	use o	f its
	collection items (check all that app	oly):							
а	Public exhibition		<b>d</b> Loan	or exchange	e programs	5			
b	Scholarly research		e X Other	DONATED	ITEMS,	INVENTORY E	ETC.		
С	Preservation for future gene	rations							
4	Provide a description of the orga	nization's collections	and explain how	they further	the orga	nization's exemp	t purpos	se in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive d	onations of art, his	torical treasu	ures, or ot				
	assets to be sold to raise funds rath	her than to be mainta	ained as part of the	organizatior	n's collecti	on?	X Yes		No
Par	Complete if the organizate 990, Part X, line 21.		" on Form 990, P	art IV, line	9, or repo	orted an amoun	t on For	m	
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for o	contributions	or other a	ssets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following ta	ble:					
						Amount			
С	Beginning balance			1c					
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance			1f					
2a	Did the organization include an am	ount on Form 990, I	Part X, line 21, for	escrow or co	ustodial ad	ccount liability?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	n has been p	rovided or	Part XIII			
Par	t V Endowment Funds.								
	Complete if the organization								
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four		
1a	Beginning of year balance	493,036.	490,979.		,886.	520,804.		464,	
b	Contributions	7,293.	7,998.	6	,543.	3,211.		4,	341.
С	Net investment earnings, gains,								
	and losses	40,902.	-5,941.	40	,550.	20,742.		52,	107.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs					100,871.			
f	Administrative expenses								
g	End of year balance	541,231.	493,036.	490	,979.	443,886.		520,	804.
2	Provide the estimated percentage	of the current year e	end balance (line 1g	, column (a)	) held as:				
а	Board designated or quasi-endown		_%						
	Permanent endowment ► 66.9								
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a								
3 a	Are there endowment funds not in	the possession of the	e organization that	are held an	nd adminis	tered for the	г		
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate		•				3b		
4	Describe in Part XIII the intended		tion's endowment fu	nds.					
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment. ition answered "Ye	s" on Form 990 F	Part IV line	11a See	Form 990 Pai	rt X line	- 10	
	Description of property	(a) Cost or		or other basis	(c) Accur		d) Book va		
4 -	Land	(invest		other)	deprec	iation			
12			1						
	Land								
b	Buildings			F.40. 400	1 000	2.026	4 5	21 6	
b c	Buildings			542,490.		0,836.		31,6	
b d	Buildings			542,490. 304,196. 022,543.	288	),836. 3,027. 3,800.		31,6 16,1 28,7	69.

Schedule D (Form 990) 2015

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Page 3 Schedule D (Form 990) 2015

Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Pa	rt 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 va	
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
(A)				
<u>(D)</u>				
<u>(E)</u>				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13 )			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990		
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered		•	90, Part X,
	line 25.			
1. (1) Fodor	(a) Description of liability	(b) Book valu	<u>e</u>	
_ , ,	ral income taxes TERM LEASE LIABILITY	1,838,5	533	
	ION 457 RETIREMENT LIABILITY	181,7		
(4)	ION 457 RETIREMENT DIABITITE	101,	720.	
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>2,020,2</b>	261.	
O Linbility fo	or uncertain tax positions. In Part VIII provide the			norto the

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 JSA 5E1270 1.000 76004W 700J

Х

Schedule D (Form 990) 2015 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	50,539,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,676,891.
3	Subtract line 2e from line 1	3	48,862,198.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	48,862,198.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	41,938,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		0.54 0.00
е	Add lines 2a through 2d	2e	261,223.
3	Subtract line 2e from line 1	3	41,677,308.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	41,677,308.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	41,077,300.
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 5E1271 1.000 Schedule D (Form 990) 2015

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#### Supplemental Information (continued) Part XIII

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. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

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

Schedule D (Form 990) 2015

### Part XIII Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS PART III, LINE 4

AMFAR HOLDS VARIOUS ITEMS OF JEWELRY, PHOTOGRAPHS AND OTHER ITEMS OF ARTISTIC VALUE THAT HAVE BEEN DONATED TO THE ORGANIZATION FOR SALE AT SPECIAL EVENTS. THE ORGANIZATION HAS MAINTAINED THESE ITEMS IN INVENTORY FOR A FEW YEARS AND IS IN THE PROCESS OF SELLING THEM.

SCHEDULE D, PART XI LINE 2D

CHANGE IN BENEFICIAL INTEREST \$2,183

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

13-3163817

Department of he Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH 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 organ				•	
	assistance, the grantees' eligibility			•		
	grants or assistance?					X Yes No
2	For grantmakers. Describe in		ganization's pr	ocedures for monitoring	the use of its grants a	ind other
	assistance outside the United Sta	ites.				
•	Activities per Degies /The fellow	ing Dort Lline	2 table can be	duplicated if additional on	ann in product \	
3	Activities per Region. (The follow (a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	(a) Region	offices in the	employees,	region (by type) (e.g.,	a program service,	expenditures for
		region	agents, and independent	fundraising, program services, investments,	describe specific type of service(s) in region	and investments in region
			contractors	grants to recipients	,	<b>3</b>
			in region	located in the region)		
(4)						
(1)	CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	N/A	25,000.
(2)						
(2)	EAST ASIA AND THE PACIFIC			GRANTMAKING	N/A	3,214,551.
(2)						
(3)	EUROPE			GRANTMAKING	N/A	876,995.
(4)						
(4)	SOUTH AMERICA			GRANTMAKING	N/A	233,783.
(E)						405.040
(5)	SOUTH ASIA			GRANTMAKING	N/A	106,248.
(6)	CUD CAUADAN APPAGA			CD ANTINA WING	N7 /3	20.055
(0)	SUB-SAHARAN AFRICA			GRANTMAKING	N/A	29,866.
(7)	EACT ACTA AND THE DACTETS		16	DDOCDAM SERVICES	THED ADELETICS TO A THING	1 000 075
(7)	EAST ASIA AND THE PACIFIC	1.	16.	PROGRAM SERVICES	THERAPEUTICS, TRAINING	1,899,975.
(8)	FUDODE			FINDRATCING	N7 /3	10 574 000
(0)	EUROPE			FUNDRAISING	N/A	10,574,889.
(9)	SOUTH AMERICA			FUNDRAISING	N/A	803,335.
(3)	SOUTH AFERICA			FUNDRAISING	N/A	803,333.
(10)	SOUTH ASIA			FUNDRAISING	N/A	1,998,100.
(10)	JOUIN ASIA			TONDRAISING	N/A	1,550,100.
(11)						
1,						
(12)						
1/						
(13)						
(14)						
•						
(15)						
•						
(16)						
(17)						
3a	Sub-total	1.	16.			19,762,742.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	1.	16.			19,762,742.

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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)
(4)									
(1)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	25,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	BASIC RESEAR	70,860.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	BASIC RESEAR	499,976.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	BASIC RESEAR	169,134.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	GMT INITIATI	184,612.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	GMT INITIATI	159,255.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	11,648.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	19,234.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,680.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	8,310.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	8,100.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	80,408.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	5,703.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	14,997.	WIRE TRANSFE			

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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	6,250.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	19,950.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	8,740.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	19,748.	WIRE TRANSFE			
					-				
(5)			EAST ASIA/PACIFIC	TREAT ASIA	15,450.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	15,600.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	20,656.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	16,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	15,460.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	21,781.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	22,604.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	21,506.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	24,158.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	21,586.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	22,338.	WIRE TRANSFE			

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Grants and Other Assistance to Organizations or Entities Outside the United States, Complete if the organization answered "Yes" on Form 990

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	8,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	183,396.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	48,023.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	36,345.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	46,270.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	7,270.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	7,425.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	16,537.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	21,127.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	14,784.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	37,733.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	10,814.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	14,996.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	12,621.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	21,600.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	7,021.	WIRE TRANSFE			

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

4	Part IV, line 15, for any re	#NIDOI	(-) Di	(d) D	(-) A	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	11,603.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	7,581.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	11,421.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	9,023.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	8,550.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	24,013.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	7,992.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	7,555.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	35,020.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	9,928.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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 o valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	30,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	19,142.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	7,008.	WIRE TRANSFE			
(9)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	89,971.	WIRE TRANSFE			
(10)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	6,234.	WIRE TRANSFE			
(11)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	40,000.	WIRE TRANSFE			
(12)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	46,809.	WIRE TRANSFE			
(13)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	26,668.	WIRE TRANSFE			
(14)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	29,167.	WIRE TRANSFE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	667,769.	WIRE TRANSFE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	127,700.	WIRE TRANSFE			

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Grants and Other Assista Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GMT INITIATI	233,783.	WIRE TRANSFE			
(2)			SOUTH ASIA	GMT INITIATI	25,000.	WIRE TRANSFE			
(3)			SOUTH ASIA	PUBLIC POLIC	30,000.	WIRE TRANSFE			
(4)			SOUTH ASIA	TREAT ASIA	7,500.	WIRE TRANSFE			
(5)			SOUTH ASIA	TREAT ASIA	19,104.	WIRE TRANSFE			
(6)			SOUTH ASIA	TREAT ASIA	10,060.	WIRE TRANSFE			
(7)			SOUTH ASIA	TREAT ASIA	6,500.	WIRE TRANSFE			
(8)			SOUTH ASIA	TREAT ASIA	7,001.	WIRE TRANSFE			
(9)			SOUTH ASIA	TREAT ASIA	6,583.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(11)					,				
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipient orga he IRS, or for which the grantee er total number of other organiz	or counsel has prov	rided a section 501(c)(3) e	quivalency lette	r			1	10.

V 15-7.18

Schedule F (Form 990) 2015

# 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 valua ion (book, FMV, appraisal, other)
_ (1)							
_(2)							
_ (3)							
_(4)							
_ (5)							
_(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2015 Page 4

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

**S**chedule F (Form 990) 2015

5E1277 1.000 76004W 700J V 15-7.18 PAGE 48 Schedule F (Form 990) 2015 Page 5

#### Supplemental Information Part V

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

FOREIGN ACTIVITIES

PART I, LINE 2

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

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

FOREIGN ACTIVITIES

PART I, LINE 3, COLUMN D

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

Schedule F (Form 990) 2015 Page **5** 

# Part V Supplemental Information

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

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

FOREIGN ACTIVITIES - STATUS OF GRANTEES

THE FOUNDATION FOR AIDS RESEARCH SUPPORTS MANY NON-U.S. ORGANIZATIONS IN
THE FIGHT AGAINST AIDS AND HIV-RELATED DISEASES. FOR PURPOSES OF
SCHEDULE F, PART II, LINE 2 - ALL 110 CHARITIES SUPPORTED ARE PRESUMED TO
BE THE EQUIVALENT OF U.S. CHARITIES.

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

Open to Public

OMB No. 1545-0047

Department of he Treasury Internal Revenue Service Name of the organization

Part I

THE FOUNDATION FOR AIDS RESEARCH

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Inspection

**Employer identification number** 

13-3163817

Form 990-EZ filers are not	required to comp	lete this	oart.			
1 Indicate whether the organization ra	ised funds through	any of the	following	activities. Check a	ll that apply.	
a X Mail solicitations	е	X Solid	citation of	non-government g	rants	
<b>b</b> X Internet and email solicitations	f			government grants		
c X Phone solicitations	g			ising events		
d In-person solicitations	9		orar rarrara	.cg croms		
2a Did the organization have a written of	or oral agreement v	vith any in	dividual (in	eluding officers di	iractors trustaes	
or key employees listed in Form 990	_	-		_		X Yes No
<b>b</b> If "Yes," list the ten highest paid inc			-		_	
compensated at least \$5,000 by the		(	,			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(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	EVENTS					
AAB PRODUCTIONS, INC.	PRODUCTION		X	26,721,994.	515,250.	26,206,744.
2	DIRECT			. ,	•	
EIDOLON COMMUNICATIONS, INC.	MAIL		X	2,170,244.	308,509.	1,861,735.
3	TELE			. ,	•	
DONOR SERVICES GROUP, LLC.	MARKETING		X	24,717.	54,964.	-30,247.
4	SPECIAL				•	
JOSH WOODS PRODUCTION	EVENT PROD.		X	7,199,671.	427,500.	6,772,171.
5					•	
6						
7						
8						
9						
10						
				26 116 606	1 206 202	24 010 402
Total				36,116,626.	1,306,223.	34,810,403.
3 List all states in which the organizate registration or licensing.	ation is registered (	or licensed	a to solicit	contributions or	nas been notified	it is exempt from
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI						
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO		NY,NC,N	D,OH,			
OK, OR, PA, RI, SC, TN, TX, UT, VA, WA	,WV,WI,					

 Schedule G (Form 990 or 990-EZ) 2015
 Page 2

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 CANNES	(b) Event #2 DALLAS	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
š	1	Gross receipts	15,196,962.	5,011,152.	15,790,543.	35,998,657.
ď		Less: Contributions	14,695,962.	4,857,027.	14,379,943.	33,932,932.
	3	Gross income (line 1 minus				
		line 2)	501,000.	154,125.	1,410,600.	2,065,725.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	1,083,589.	340,618.	665,398.	2,089,605.
Direct Expenses	7	Food and beverages	374,402.	177,719.	1,039,513.	1,591,634.
Direc	8	Entertainment	1,817,077.	155,996.	1,611,869.	3,584,942.
	9	Other direct expenses	3,569,976.	506,256.	2,051,801.	6,128,033.
	10	Direct expense summary. Add lines 4	1 through 9 in column (d	)		13,394,214
	11	Net income summary. Subtract line 1	0 from line 3. column (d	)  )		-11,328,489.
Pa	rt	Gaming. Complete if the orga	anization answered "Y	es" on Form 990. Pa	rt IV. line 19. or repo	
		than \$15,000 on Form 990-E	Z, line 6a.	,	,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	lumn (d)		
9 8	l Is	inter the state(s) in which the organizates the organization licensed to conduct of "No," explain:				. Yes No
		Vere any of the organization's gaming l	licenses revoked, suspe	ended or terminated duri	ng the tax year?	. Yes No

Sched	lule G (Form 990 or 990-EZ) 2015	age 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	1
	• • • • • • • • • • • • • • • • • • • •	No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	<u>%</u>
, b	An outside facility	%
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	
		No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	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:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	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 ▶ \$	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
CCIT	(see instructions).  EDULE G, PART I	
SCH.	EDULE G, PART I	
THE	FOUNDATION FOR AIDS RESEARCH ACTUALLY PAID OUT \$854,723 IN	
FUN	DRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2016. THIS AMOUNT	
IS I	REPORTED ON PART IX, LINE 11(E). FOR PURPOSES OF SCHEDULE G, THE	
FOU	NDATION IS REPORTING ALL AMOUNTS PAID TO THE CONSULTANTS LISTED ON	
PAR	T I, REGARDLESS OF WHETHER SUCH AMOUNTS WERE PURE FUNDRAISING EXPENSES	
OR	EVENT PRODUCTION COSTS. ON SCHEDULE G. THE TOTAL AMOUNT PAID TO THE	

Schedule G (Form 990 or 990-EZ) 2015

JSA 5E1503 1.000

Sched	ule G (Form 990 or 990-EZ) 2015		Pa	age <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	Ŋ		_
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	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 ▶ \$			
_	amount of gaming revenue retained by the third party ▶ \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming pro			1
	retain the state gaming license?			No
D	Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year > \$	inization	S	
Par		(iii) and	I (v) and	
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
ORG	ANIZATIONS LISTED IS \$1,306,223. OF THAT \$1,306,223, ONLY \$854,723 WAS			
PAI	D FOR FUNDRAISING SERVICES, THE REMAINING \$451,500 WAS PAID FOR EVENT			
PRO	DUCTION SERVICES. IN THE INTERESTS OF CLARITY, THE FOUNDATION WOULD			
ALS	O LIKE TO MAKE CLEAR THAT THE COMPENSATION REPORTED AS HAVING BEEN			
PAI	D TO THE PROFESSIONAL FUNDRAISERS REPORTED ON SCHEDULE G IS REPORTED			
037	A ETGCAT VEAD DACTO COME OF BUICCE CAME BUILDDATGED AND DEDORMED ON			
ON I	A FISCAL YEAR BASIS. SOME OF THOSE SAME FUNDRAISERS ARE REPORTED ON			
THE	FOUNDATION'S TOP 5 HIGHEST PAID INDEPENDENT CONTRACTORS LIST (IN			

Schedule G (Form 990 or 990-EZ) 2015

JSA 5E1503 1.000

Sched	ule G (Form 990 or 990-EZ) 2015			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	y		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
	records:			
	Name ►			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives	namina		
	revenue?		Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$			
	amount of gaming revenue retained by the third party ► \$	und the		
_	If "Yes," enter name and address of the third party:			
٠	in res, enter name and address of the tilld party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeding the state gaming license?		Yes	No No
Par				
SCH	EDULE O). IN COMPLIANCE WITH THE INSTRUCTIONS TO THE FORM 990,			
COM	PENSATION REPORTED FOR PART VII (AND LISTED IN SCHEDULE O) IS REPORTED			
ON I	A CALENDAR YEAR BASIS. ACCORDINGLY, AMOUNTS ON PART VII AND SCHEDULE G			
WIL	L NOT RECONCILE.			

Schedule G (Form 990 or 990-EZ) 2015

JSA 5E1503 1.000

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

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

2015

OMB No. 1545-0047

Department of he Treasury Internal Revenue Service Name of the organization

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

Open to Public ► Attach to Form 990. Inspection Employer identification number

THE FOUNDATION FOR AIDS RESEARCH						13-3163817	
Part I General Information on Grants ar	nd Assistanc	е					
1 Does the organization maintain records to s			•	, -			
the selection criteria used to award the gran	nts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proce	dures for mo	nitoring the use	of grant funds in the	e United States.			
Part    Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Ye	es" on Form
990, Part IV, line 21, for any recip							
		T	-			T	
1 (a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMORY UNIVERSITY							
1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	18,000.				BASIC RESEARCH
(2) ICAHN SCHOOL OF MEDICINE							
ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	30,000.				BASIC RESEARCH
(3) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	75,000.				BASIC RESEARCH
(4) NEW YORK UNIVERSITY							
545 1ST AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	44,997.				BASIC RESEARCH
(5) TRUSTEES OF THE UNIVERSITY OF PA							
422 CURIE BLVD PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	50,000.				BASIC RESEARCH
(6) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C) (3)	245,424.				GMT INITIATIVE
(7) UNIVERSITY OF WASHINGTON							
4333 BROOKLYN AVE SEATTLE, WA 98195-9472	91-6001537	501 (C) (3)	90,000.				BASIC RESEARCH
(8) OREGON HEALTH & SCIENCE UNI.							
3181 SAM JACKSON PK RD. PORTLAND, OR 97239	93-1176109	501 (C) (3)	89,911.				BASIC RESEARCH
(9) EMORY UNIVERSITY							
1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	90,000.				BASIC RESEARCH
(10) BLOOD SYSTEMS, INC.							
270 MASONIC AVE. SAN FRANCISCO, CA 94118	86-0098929	501 (C) (3)	90,000.				BASIC RESEARCH
(11) UNIVERSITY OF UTAH							
15 N. MEDICAL DR. SALT LAKE CITY, UT 84112	87-6000525	501 (C) (3)	90,000.				BASIC RESEARCH
(12) REGENTS OF THE UNIVERSITY OF CA.	_						
3333 CA ST STE. 315 SAN FRANCISCO, CA 94143	94-6036493		51,426.				BASIC RESEARCH
2 Enter total number of section 501(c)(3) ar	nd governmen	t organizations	listed in the line 1 t	able		▶	
3 Enter total number of other organizations	listed in the li	ne 1 table					

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

Schedule I (Form 990) (2015)

5E1288 1.000

Department of he Treasury

Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

<ul> <li>Part I General Information on Grants an</li> <li>1 Does the organization maintain records to s the selection criteria used to award the gran</li> <li>2 Describe in Part IV the organization's process</li> </ul>	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) RC 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) UNIVERSITY OF NEBRASKA-LINCOLN							
151 WHITTIER RC LINCOLN, NE 68583	47-0049123	501(C)(3)	90,000.				BASIC RESEARCH
(2) CHARITIES AID FDN. OF AMERICA							
1800 DIAGONAL RD. ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	224,260.				PREVENTION SCIENCE (
(3) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVE. NEW YORK, NY 10065	13-1624158	501(C)(3)	375,000.				BASIC RESEARCH
(4) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	180,869.				TREAT ASIA
(5) BETH ISRAEL DEACONESS MEDICAL CENTER							
330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	497,988.				BASIC RESEARCH
(6) REGENTS OF THE UNIVERSITY OF CA							
3333 CA ST STE 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	500,004.				BASIC RESEARCH
(7) BOSTON MEDICAL CENTER							
ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	04-3314093	501(C)(3)	68,750.				BASIC RESEARCH
(8) YALE UNIVERSITY							
266 WHITNEY AVE. NEW HAVEN, CT 06511	06-0646973	501(C)(3)	75,000.				BASIC RESEARCH
(9) FRED HUTCHINSON CANCER RESEARCH CENTER							
1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	67,298.				BASIC RESEARCH
(10) DANA-FARBER CANCER INSTITUTE							
44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	38,737.				BASIC RESEARCH
(11) UNIVERSITY OF CA, SAN FRANCISCO							
3333 CA ST STE. 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	1,778,200.				RESEARCH
(12) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	40,000.			1	PUBLIC POLICY

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

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

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

OMB No. 1545-0047

Department of he Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

· · · · · · · · · · · · · · · · · · ·							
THE FOUNDATION FOR AIDS RESEARCH						13-3163817	1
Part   General Information on Grants a	ınd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistand edures for mor	ce?	of grant funds in the	United States.			X Yes No
<b>Part II Grants and Other Assistance to</b> 990, Part IV, line 21, for any rec		•					es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) RC 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) THE GEORGE WASHINGTON UNIVERSITY							
2121 I STREET WASHINGTON, DC 20052	53-0196584	501 (C) (3)	89,992.				BASIC RESEARCH
(2) HARVARD UNIVERSITY							
29 OXFORD STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	128,438.				RESEARCH
(3) NEW HOPE FOR CAMBODIAN CHILDREN							
PO BOX 690597 KILLEEN, TX 76549	20-5301015	501(C)(3)	20,743.				TREAT ASIA
(4) UNIVERSITY OF CALIFORNIA, SAN DIEGO							
9500 GILMAN DRIVE SAN DIEGO, CA 92093-0679	95-6006144	501(C)(3)	66,665.				BASIC RESEARCH
(5) CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (C) (3)	66,665.				BASIC RESEARCH
(6) CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (C) (3)	66,665.				BASIC RESEARCH
(7) EMORY UNIVERSITY							
1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	66,665.				BASIC RESEARCH
(8) EMORY UNIVERSITY							
1599 CLIFTON ROAD ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	66,665.				BASIC RESEARCH
(9) JOHNS HOPKINS UNIVERSITY							
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	66,665.				BASIC RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL							
101 HUNTINGTON AVE. BOSTON, MA 02199	04-2697983	501 (C) (3)	59,951.				TREAT ASIA
(11) UNIVERSITY OF PITTSBURGH							
123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501 (C) (3)	164,000.				GMT INITIATIVE
(12) REGENTS OF THE UNIVERSITY OF CA							
3333 CA ST STE. 315 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	51,842.				BASIC RESEARCH
2 Enter total number of section 501(c)(3) a	•			able			•
3 Enter total number of other organization	_	•				•	

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

Schedule I (Form 990) (2015)

5E1288 1.000

Department of he Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH						13-3163817	1
Part I General Information on Grants an	d Assistanc	е				•	
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection criteria used to award the gran	ts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proce	dures for moi	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW HOPE FOR CAMBODIAN CHILDREN							
PO BOX 690597 KILLEE, TX 76549	20-5301015	501 (C) (3)	50,000.				TREAT ASIA
(2) INFECTIOUS DISEASE RESEARCH INST.							
1616 EASTLAKE AVE. SEATTLE, WA 98102	91-1608978	501 (C) (3)	35,000.				BASIC RESEARCH
(3) UNIVERSITY OF ILLINOIS AT CHICAGO							
809 S. MARSHFIELD AVE. CHICAGO, IL 60612	37-6000511	501 (C) (3)	56,050.				BASIC RESEARCH
(4) REGENTS OF THE UNIVERSITY OF MN							
200 OAK ST., STE. 450 MINNEAPOLIS, MN 55455	41-6007513	501 (C) (3)	59,031.				RESEARCH
(5) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C) (3)	20,000.				BASIC RESEARCH
(6) GEORGETOWN UNIVERSITY							
600 NEW JERSEY AVENUE WASHINGTON, DC 20057	53-0196603	501(C)(3)	99,350.				PUBLIC POLICY
(7) AIDS VACCINE ADVOCACY COALITION							
423 WEST 127 ST. 4TH FL. NEW YORK, NY 10027	94-3240841	501(C)(3)	50,600.				PUBLIC POLICY
(8) PROJECT INFORM							
1375 MISSION STREET SAN FRANCISCO, CA 94103	94-3052723	501 (C) (3)	10,000.				PUBLIC POLICY
(9) COLUMBIA UNIVERSITY							
630 W. 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501 (C) (3)	500,000.				PREVENTION SCIENCE
(10)	_						
(11)	$\dashv$						
(12)							
2 Enter total number of section 501(c)(3) ar	d governmen	t organizations	Listed in the line 1 t	l able		<u> </u>	45.
3 Enter total number of other organizations	_	_					

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

Schedule I (Form 990) (2015)

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					

**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 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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

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 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 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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes" on	Form 990, Part I	V, 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					

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

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

WHICH AMFAR HAS SECURED RESTRICTED FUNDS. SUBAWARDS ARE PAYABLE OVER A ONE-YEAR PERIOD, ALTHOUGH ADVANCE PAYMENTS, IN FULL OR IN PART, MAY BE ISSUED FOLLOWING EXECUTION OF THE SUBAWARD AGREEMENT. SUBAWARDS ARE CONTINGENT UPON THE AVAILABILITY OF FUNDS AND ARE REVOCABLE IF THE RECIPIENTS' PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE SUBAWARD TERMS.

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" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number 13-3163817

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
	If you of the house on the Asian charled did the consciention follows a written action according to word					
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line					
	1a?	2				
•	Indicate which, if any, of the following the filing organization used to establish the compensation of the	_				
3	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.					
	X Compensation committee Written employment contract					
	X   Independent compensation consultant   X   Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		X		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53 4958-6(c)?	a 1		1		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

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

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

#### Part | Supplemental Information

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

COMPENSATION

PART I, LINE 4 CHIEF EXECUTIVE OFFICER, KEVIN FROST, PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. IN CALENDAR YEAR 2015, AMFAR CONTRIBUTED \$60,000 INTO MR. FROST'S NON-QUALIFIED RETIREMENT PLAN. THIS AMOUNT IS NOT REPORTED IN SCHEDULE J, PART II, COLUMN (C) BECAUSE THE CONTRIBUTED AMOUNT WAS DISTRIBUTED TO MR. FROST WITHIN THE SAME CALENDAR YEAR. INCLUDED IN SCHEDULE J COLUMN (B) (III) IS MR. FROST'S 2015 EMPLOYER-FUNDED 457(F) CONTRIBUTION OF \$60,000 PLUS PAYOUTS OF PREVIOUSLY CONTRIBUTED EMPLOYER-FUNDED 457(F) CONTRIBUTIONS (AND EARNINGS THEREON).

IN SCHEDULE J, PART II, COLUMN (F), AMFAR IS REPORTING \$60,000 OF 457(F)

CONTRIBUTIONS THAT WERE RECORDED AS DEFERRED COMPENSATION ON A PREVIOUSLY

FILED FORM 990.

# **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of he Treasury Internal Revenue Service Name of the organization

► 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.

Employer identification number 13-3163817

art I	Τv	nes	of	Pro	perty	
aııı		200	•		DCI LY	

THE FOUNDATION FOR AIDS RESEARCH

		(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 d noncash contrib	eterminin	_
1	Art - Works of art			· o coo, r air r, iiic ig			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
-	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	14.	135,714.	SALES PRICE	<u> </u>	
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 org	anization during the tax ye	ear for contributions for			
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29	1	
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least th	-		•	-		
	to be used for exempt purposes for		olding period?		3	0a	X
	If "Yes," describe the arrangement in						
31	Does the organization have a	-		•			
	contributions?					31 X	
32a	Does the organization hire or use	-	_			0-	v
	contributions?				3	2a	X
	If "Yes," describe in Part II.			manks for subject to the section of the	Via abaataat		
33	If the organization did not report ar	i amount in	column (c) for a type of pro	perty for which column (a)	) is checked,		

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) Page 2

Part II Supplem

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

FORM 990, SCHEDULE M, LINE 31

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

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

USE IN SUPPORT OF THE ORGANIZATION'S MISSION.

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

# Supplemental Information to Form 990 or 990-EZ

20**15**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection
Employer identification number

THE FOUNDATION FOR AIDS RESEARCH

13-3163817

PROGRAM SERVICE ACCOMPLISHMENTS (1)

LINE 4A: RESEARCH:

AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL APPROACHES TO

SCIENTIFICALLY SOUND BUT UNTESTED HYPOTHESES IN ALL AREAS OF RESEARCH ON

HIV/AIDS, FUNDING GOAL-ORIENTED STUDIES THAT OFTEN LACK THE PRELIMINARY

DATA REQUIRED FOR SUPPORT FROM TRADITIONAL GRANT MAKERS. THE FOUNDATION

PLAYS A VITAL ROLE IN HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN

KNOWLEDGE AND PROVIDING ESSENTIAL SEED MONEY THAT ENABLES GRANTEES AND

FELLOWS TO TEST THE MERITS OF NEW CONCEPTS OR TECHNOLOGIES THAT

SUBSEQUENTLY CAN BE VALIDATED THROUGH LARGE-SCALE STUDIES, SUCH AS THOSE

FUNDED BY THE U.S. NATIONAL INSTITUTES OF HEALTH. AMFAR FELLOWSHIPS ALLOW

TALENTED YOUNG INVESTIGATORS TO CONDUCT ORIGINAL INVESTIGATIONS UNDER THE

GUIDANCE OF EXPERIENCED SCIENTISTS, HELPING TO ENSURE THE LONG-TERM

VITALITY OF AIDS RESEARCH.

NEW GRANTS AND FELLOWSHIPS GRANTS

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

COUNTDOWN TO A CURE FOR AIDS

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

IN 2015, AMFAR ANNOUNCED A \$100 MILLION INVESTMENT STRATEGY TO SUPPORT

ITS COUNTDOWN TO A CURE FOR AIDS INITIATIVE, WHICH IS AIMED AT DEVELOPING

THE SCIENTIFIC BASIS FOR A CURE BY 2020. THE STRATEGY REPRESENTS AN

UNPRECEDENTED EXPANSION OF AMFAR'S GRANT MAKING AND IS DESIGNED TO

PROVIDE SUPPORT TO ANY SCIENTIST OR TEAM OF INVESTIGATORS FOR ANY

RESEARCH IDEA WITH THE POTENTIAL TO ADVANCE THE SEARCH FOR A CURE, AT ANY

STAGE OF ITS DEVELOPMENT. IT IS STRUCTURED TO PROVIDE SUSTAINED SUPPORT

FOR A WIDE RANGE OF STUDIES THAT ADVANCE BOTH EMERGING AND ESTABLISHED

IDEAS. THE STRATEGY COMPRISES THE FOLLOWING COMPONENTS:

#### - AMFAR INSTITUTE FOR HIV CURE RESEARCH

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

#### - INNOVATION GRANTS

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

#### - IMPACT GRANTS

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

#### - INVESTMENT GRANTS

AIMED AT RECRUITING THE EXPERIENCE AND EXPERTISE OF SCIENTISTS FROM

OUTSIDE THE FIELD OF HIV, THESE \$1 MILLION GRANTS ARE AWARDED OVER A

FOUR-YEAR PERIOD. GRANTEES MAY HAVE EXPERTISE IN FIELDS SUCH AS CANCER,

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

13-3163817

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

- ARCHE

LAUNCHED IN 2010, THE AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION, OR

ARCHE, SUPPORTS COLLABORATIVE TEAMS OF SCIENTISTS IN THE U.S. AND AROUND

THE WORLD WORKING ON A RANGE OF HIV CURE STRATEGIES.

- OPPORTUNITY FUND

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

IN JUST THE FIRST 24 MONTHS OF THE COUNTDOWN TO A CURE FOR AIDS

INITIATIVE, AMFAR HAS SUPPORTED 139 PRINCIPAL INVESTIGATORS AND KEY

PERSONNEL IN 16 U.S. STATES AND NINE OTHER COUNTRIES AROUND THE WORLD.

INNOVATION GRANTS

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

AMONG THE GRANTEES IS DR. JONATHAN KARN OF CASE WESTERN RESERVE

UNIVERSITY IN CLEVELAND, OHIO, WHO IS AIMING TO DEVELOP A MORE ACCURATE,

COST - AND TIME-EFFICIENT WAY TO MEASURE THE SIZE OF THE VIRAL RESERVOIR,

WHICH IS ESSENTIAL FOR GAUGING THE EFFECTIVENESS OF POTENTIALLY CURATIVE

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

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

ANOTHER GRANTEE, DR. MAUD MAVIGNER OF EMORY UNIVERSITY IN ATLANTA, IS

CONDUCTING A COMPREHENSIVE STUDY TO IDENTIFY THE MOST ACCURATE METHODS TO

MEASURE THE VIRAL RESERVOIR IN RHESUS MACAQUES INFECTED WITH SIV, THE

NON-HUMAN PRIMATE EQUIVALENT OF HIV. SIV-INFECTED RHESUS MACAQUES HAVE

HELPED ANSWER SOME OF THE MOST CRUCIAL QUESTIONS IN HIV RESEARCH.

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

#### INVESTMENT GRANTS

IN JANUARY 2016, AMFAR AWARDED \$1 MILLION EACH OVER FOUR YEARS TO HARVARD PHYSICIST DR. DAVID WEITZ AND BIOENGINEER AND POLYMER SCIENTIST DR.

ALEXANDER ZELIKIN OF AARHUS UNIVERSITY IN DENMARK. THE TWO WILL

COLLABORATE WITH LEADING HIV RESEARCHERS DRS. BRUCE WALKER AND MARTIN

TOLSTRUP AT HARVARD AND AARHUS, RESPECTIVELY, IN THE EFFORT TO ERADICATE

THE VIRAL RESERVOIR, WHICH IS CONSIDERED THE PRINCIPAL BARRIER TO CURING HIV.

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

ARCHE (AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION)

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

AMFAR ALSO AWARDED A \$672,000 ARCHE GRANT IN JUNE TO SUPPORT A RESEARCH
TEAM LED BY DR. TIMOTHY SCHACKER OF THE UNIVERSITY OF MINNESOTA,
MINNEAPOLIS. SCHACKER IS COLLABORATING WITH A PAIR OF LEADING
INVESTIGATORS FROM THE AMFAR INSTITUTE FOR HIV CURE RESEARCH, DRS. STEVEN

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DEEKS AND PETER HUNT OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF), TO ADDRESS ONE OF THE GREATEST CHALLENGES IN HIV CURE RESEARCH:

#### MATHILDE KRIM FELLOWSHIPS

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

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

BE BETTER UTILIZED AS AN ANIMAL MODEL IN HIV VACCINE STUDIES.

PUBLISHED RESEARCH

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

HARNESSING THE POWER OF ANTIBODIES

WRITING IN THE MAY ISSUE OF THE JOURNAL SCIENCE, AMFAR KRIM FELLOW DR.

STYLIANOS BOURNAZOS AND ASSOCIATES REPORTED USING A SINGLE BROADLY

NEUTRALIZING ANTI-HIV ANTIBODY TO TARGET INFECTED CD4 T CELLS IN MICE

WITH A HUMANIZED IMMUNE SYSTEM (I.E., MICE THAT HAVE BEEN INJECTED WITH

HUMAN STEM CELLS). WORKING IN THE LABORATORY OF DR. JEFFREY RAVETCH OF

THE ROCKEFELLER UNIVERSITY IN NEW YORK, THE RESEARCHERS DISCOVERED THAT

THE ANTIBODY COULD GREATLY DECREASE THE SURVIVAL OF THESE INFECTED CELLS

THROUGH A PROCESS INVOLVING AN IMMUNE RECEPTOR, FC GAMMA. THEIR MOUSE

MODEL USED A VARIETY OF HIV STRAINS FROM PATIENTS; THE ANTIBODY WAS

EFFECTIVE AGAINST ALL OF THEM. THE AUTHORS CONCLUDED: "THE FINDING THAT

ANTIBODIES CAN CLEAR INFECTED CELLS IN VIVO HAS IMPORTANT IMPLICATIONS

FOR THERAPIES AIMED AT HIV PREVENTION AND VIRAL RESERVOIR REDUCTION OR

ELIMINATION."

THE SCIENCE AND ETHICS OF STOPPING ART

THE BERLIN PATIENT IS THE FIRST AND ONLY PERSON KNOWN TO HAVE BEEN CURED

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

ANTIBODIES TO BLOCK MOTHER-TO-INFANT TRANSMISSION OF HIV

AMFAR GRANTEE DR. NANCY HAIGWOOD AND ASSOCIATES AT OREGON HEALTH AND

SCIENCE UNIVERSITY AND THE NATIONAL INSTITUTES OF HEALTH EXAMINED

MOTHER-TO-CHILD TRANSMISSION IN MONKEYS USING A HYBRID OF AIDS KNOWN AS

SHIV, WHICH CONTAINS ELEMENTS OF HIV AND THE SIMIAN AIDS VIRUS. IN THE

APRIL 2016 ISSUE OF NATURE MEDICINE, THEY DETAILED AN "EARLY PASSIVE

IMMUNOTHERAPY" STRATEGY BASED ON A COCKTAIL OF TWO POTENT MONOCLONAL

ANTIBODIES, ISOLATED FROM HIV-INFECTED PATIENTS, CAPABLE OF NEUTRALIZING

A BROAD SPECTRUM OF AIDS VIRUSES. THEY EXPOSED 1-MONTH OLD MACAQUES TO

SHIV. SOME WERE THEN INJECTED WITH THE ANTIBODIES ONE, FOUR, SEVEN, AND

10 DAYS AFTER EXPOSURE. ALL WERE FOUND TO BE FREE OF THE VIRUS WITHIN TWO

WEEKS AND THROUGHOUT A SIX-MONTH FOLLOW UP PERIOD. THE MONKEYS NOT GIVEN

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

CTLS: STORMTROOPERS OF THE IMMUNE SYSTEM

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

MORE THAN ONE WAY TO ACTIVATE A VIRUS

IT HAS LONG BEEN KNOWN THAT COMMON VACCINES CAUSE "VIRAL BLIPS," OR

TRANSIENT INCREASES IN HIV VIRAL LOAD IN INFECTED PATIENTS, REGARDLESS OF

ANTIRETROVIRAL THERAPY (ART). WRITING IN THE SEPTEMBER ISSUE OF AIDS,

AMFAR GRANTEE DR. MARTA MASSANELLA OF THE UNIVERSITY OF CALIFORNIA, SAN

DIEGO, WITH COLLEAGUES FROM THE UNIVERSITY OF BARCELONA, REPORTED ON 26

SUCH INDIVIDUALS ON ART WHO RECEIVED A COMBINED FLU (OR PNEUMOCOCCAL)

VACCINE WITH A HEPATITIS B VACCINE, OR A PLACEBO. THEY NOTED INCREASES IN

ACTIVATED T CELLS, PARALLELED BY INCREASES IN MARKERS OF HIV INFECTION

ALONG WITH ENHANCED IMMUNE RESPONSES AGAINST THE VIRUS. GIVEN THESE

FINDINGS, THE AUTHORS CONCLUDE THAT SUCH IMMUNE STIMULATORY METHODS

"MIGHT BE A USEFUL ADJUVANT AS PART OF A COMBINATION OR TIERED APPROACH

TO HIV-1 ERADICATION."

#### HIV CURE SUMMIT

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

FOUR SCIENTISTS EACH ADDRESSED ONE OF THE FOUR PILLARS OF HIV CURE

RESEARCH: CHARTING THE LOCATIONS OF LATENT HIV RESERVOIRS; UNDERSTANDING

HOW THESE POCKETS OF VIRUS ARE ESTABLISHED AND MAINTAINED; RECORDING THE

AMOUNT OF VIRUS THEY CONTAIN; AND FINDING A WAY TO ELIMINATE THEM.

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

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

DR. MIKE MCCUNE ADDRESSED THE CHALLENGE OF DETERMINING THE PRECISE

LOCATIONS OF THE VIRAL RESERVOIRS. COMPREHENSIVE KNOWLEDGE OF THE

DISTRIBUTION OF VIRUS THROUGHOUT THE ORGANS OF THE BODY AND THE DIFFERENT

TYPES OF CELLS IN WHICH IT RESIDES WILL FACILITATE THE DELIVERY OF

INTERVENTIONS TARGETED SPECIFICALLY AT THE RESERVOIR.

DR. SATISH PILLAI TALKED ABOUT THE MULTIPLE CHALLENGES INHERENT IN

DETERMINING EXACTLY HOW MUCH VIRUS IS IN THE PERSISTENT HIV RESERVOIR.

THIS IS CRITICAL FOR DETERMINING WHETHER EXPERIMENTAL THERAPIES ARE

HAVING A MEANINGFUL IMPACT ON THE RESERVOIR. PILLAI AND HIS COLLEAGUES

ARE USING ADVANCED IMAGING TECHNIQUES, SUCH AS DIGITAL DROPLET

TECHNOLOGY, TO GREATLY INCREASE THEIR ABILITY TO DETECT TINY AMOUNTS OF

VIRUS.

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

THINK TANKS

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

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

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

PROGRAM SERVICE ACCOMPLISHMENTS (2)

LINE 4B: TREAT ASIA: AMFAR'S TREAT ASIA (THERAPEUTICS RESEARCH,
EDUCATION, AND AIDS TRAINING IN ASIA) PROGRAM IS A NETWORK OF HOSPITALS,
CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO ENSURE

THE SAFE AND EFFECTIVE DELIVERY OF HIV TREATMENTS TO ADULTS AND CHILDREN ACROSS THE ASIA-PACIFIC THROUGH RESEARCH, EDUCATION, AND ADVOCACY OF EVIDENCE-BASED HIV-RELATED POLICIES. THE TREAT ASIA NETWORK ENCOMPASSES 21 ADULT AND 19 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. TREAT ASIA SCIENTISTS PRODUCED A RECORD 34 PUBLICATIONS IN PEER-REVIEWED MEDICAL JOURNALS IN 2016.

IN 2016, AMFAR SUCCESSFULLY RE-COMPETED FOR FUNDING FOR A NEW FIVE-YEAR

CYCLE (2016-2021) THAT WILL BE SUPPORTED BY THE NATIONAL INSTITUTE OF

ALLERGY AND INFECTIOUS DISEASES (NIAID), THE EUNICE KENNEDY SHRIVER

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD), THE

NATIONAL CANCER INSTITUTE (NCI), AND FOR THE FIRST TIME THE NATIONAL

INSTITUTE OF MENTAL HEALTH (NIMH) AND THE NATIONAL INSTITUTE ON DRUG

ABUSE (NIDA). THE RENEWAL APPLICATION INCLUDES MULTIPLE STUDIES THAT WILL

BE CONDUCTED ACROSS 58 INSTITUTIONS IN 13 COUNTRIES. THE STUDIES WILL

HELP THE PROGRAM ADDRESS EMERGING AND CRITICAL ISSUES FACING PEOPLE

LIVING WITH HIV WHO ARE TRANSITIONING FROM PEDIATRIC TO ADOLESCENT CARE,

AND AGING INTO OLDER ADULTS.

TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD)

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

TREATMENT STANDARDS SPECIFIC TO HIV/AIDS IN ASIA.

INTERNATIONAL AIDS DATABASE

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

TREAT ASIA PEDIATRIC NETWORK

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

TREAT ASIA HAS BEEN FOLLOWING A PROSPECTIVE COHORT OF 248 HIV-INFECTED

ADOLESCENTS TO EVALUATE MULTIPLE SOCIAL, CULTURAL, AND BEHAVIORAL FACTORS

THAT AFFECT TREATMENT ADHERENCE USING AN AUDIO COMPUTER-ASSISTED

SELF-INTERVIEW (ACASI) INSTRUMENT AT NINE TAPHOD SITES IN MALAYSIA,

THAILAND, AND VIETNAM. AMONG THE STUDY FINDINGS SO FAR ARE THAT

ADOLESCENTS WITH EFFECTIVE VIROLOGIC SUPPRESSION ARE LESS LIKELY TO

REPORT HIGH-RISK SEXUAL BEHAVIORS, SUCH AS INCONSISTENT CONDOM USE. THIS

EMPHASIZES THE NEED TO PROMOTE AND SUPPORT STRATEGIES TO ACHIEVE VIRAL

SUPPRESSION AS A KEY PRIORITY FOR ADOLESCENTS WHO ARE STRUGGLING TO

ADHERE TO ANTIRETROVIRAL THERAPY. THIS STUDY WAS SUPPORTED BY THE AIDS

LIFE FOUNDATION.

# ADDITIONAL ADOLESCENT RESEARCH

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

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

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

THE FOUNDATION FOR AIDS RESEARCH

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

ADDRESSING UNMET NEEDS IN HIV CARE

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

BUILDING COMMUNITY TREATMENT LITERACY AND PROMOTING ADVOCACY FOR

TREATMENT ACCESS

TREAT ASIA WORKS CLOSELY WITH REGIONAL ORGANIZATIONS TO SUPPORT TREATMENT LITERACY ACTIVITIES, INCLUDING THE PRODUCTION OF "COMMUNITY-FRIENDLY"

EDUCATIONAL BROCHURES ON HIV TREATMENT STANDARDS IN LOCAL LANGUAGES.

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

IN DECEMBER 2015, ADAM'S LOVE, THE ONLINE HIV OUTREACH INITIATIVE

TARGETING GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN (MSM), AND TRANSGENDER

INDIVIDUALS (COLLECTIVELY, GMT) CUT THE RIBBON ON ITS NEW CLINIC IN THE

HEART OF BANGKOK. THE CLINIC, ESTABLISHED WITH SUPPORT FROM AMFAR, AIMS

TO APPEAL TO DISCREET, HARDER-TO-REACH GMT INDIVIDUALS WHO MIGHT BE

HESITANT TO VISIT PUBLIC GOVERNMENT CLINICS FOR HIV TESTING AND CARE.

PART OF AN AMFAR IMPLEMENTATION SCIENCE STUDY, IT WILL TEST THREE

INNOVATIVE HIV OUTREACH AND CARE MODELS- EACH TARGETING A DIFFERENT

SUBSET OF THE GMT POPULATION.

IN ADDITION, TREAT ASIA CONTINUED TO PUBLISH LAY-LANGUAGE ARTICLES ON

AIDS RESEARCH, POLICY, AND COMMUNITY ISSUES FACING THE TREAT ASIA NETWORK

AND THE ASIA-PACIFIC AS A WHOLE. THE ARTICLES AND EDUCATIONAL PIECES

APPEAR IN THE TREAT ASIA REPORT, A BIMONTHLY E-NEWSLETTER, AND ON TREAT

ASIA'S WEBSITE, WWW.TREATASIA.ORG.

TREATING HIV AND HEPATITIS C CO-INFECTION

IN MAY, TREAT ASIA CO-SPONSORED A ONE-AND-A-HALF-DAY TRAINING IN BANGKOK
FOR CLINICIANS ON TREATING HEPATITIS C AND HIV CO-INFECTION WITH

DIRECT-ACTING ANTIVIRALS (DAAS). MORE THAN 30 PRIMARY CARE AND INFECTIOUS

DISEASE PHYSICIANS, PATIENTS, AND TREATMENT ACCESS ADVOCATES FROM SIX

COUNTRIES IN SOUTH AND SOUTHEAST ASIA ATTENDED. THE AGENDA INCLUDED

UNDERSTANDING STEPS FOR DIAGNOSING HEPATITIS C INFECTION, MANAGING

TREATMENT SIDE EFFECTS, AND REVIEWING CLINICAL CARE AND TREATMENT

RESPONSES AMONG PEOPLE WHO INJECT DRUGS. TREAT ASIA CONDUCTED THE

TRAINING IN COLLABORATION WITH THE INTERNATIONAL NETWORK FOR HEPATITIS IN

SUBSTANCE USERS (INHSU) AND THE AUSTRALASIAN SOCIETY FOR HIV, VIRAL

HEPATITIS AND SEXUAL HEALTH MEDICINE (ASHM).

EXPANDED ACCESS TO HEPITATIS C TREATMENTS

IN AUGUST, TREAT ASIA HOSTED ITS FOURTH REGIONAL STRATEGIC MEETING ON HEPATITIS C VIRUS TREATMENT ACCESS IN BANGKOK, WITH 22 PARTICIPANTS FROM CAMBODIA, CHINA, INDONESIA, INDIA, MALAYSIA, NEPAL, THAILAND, AND VIETNAM. THE MEETING INCLUDED REPRESENTATIVES FROM KEY POPULATION REGIONAL NETWORKS, INCLUDING MÉDECINS SANS FRONTIÈRES (MSF) ACCESS CAMPAIGN, THE DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI), AND THE LAWYERS COLLECTIVE (A PUBLIC INTEREST SERVICE PROVIDER IN INDIA).

PARTICIPANTS AGREED TO WORK WITH NATIONAL PARTNERS TO INCREASE ACCESS TO DIRECT-ACTING ANTIVIRALS BY REDUCING REGULATORY BARRIERS AND ENSURING

AFFORDABLE PRICING.

15TH ANNUAL NETWORK MEETING

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

2016 CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS

TREAT ASIA WAS WELL REPRESENTED AT THE 2016 CONFERENCE ON RETROVIRUSES

AND OPPORTUNISTIC INFECTIONS (CROI), HELD FEBRUARY 22-25 IN BOSTON. DR.

LINDA AURPIBUL OF CHIANG MAI UNIVERSITY IN THAILAND PRESENTED A STUDY

THAT FOUND A SIGNIFICANT RATE OF HEPATITIS B (HBV) COINFECTION IN

HIV-POSITIVE CHILDREN AND ADOLESCENTS FROM VIETNAM, THAILAND, CAMBODIA,

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MALAYSIA, INDONESIA, AND INDIA. ANOTHER STUDY, PRESENTED BY CHIANG MAI UNIVERSITY INVESTIGATOR DR. TAVITIYA SUDJARITRUK, EXAMINED PERINATALLY HIV-INFECTED ASIAN ADOLESCENTS WHOSE VIRAL LOADS HAD INCREASED AFTER BEING SUPPRESSED TO UNDETECTABLE LEVELS. SEVERAL ADDITIONAL PRESENTATIONS USED DATA FROM THE INTERNATIONAL EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS, INCLUDING THREE THAT ANALYZED THE RISKS OF HIV-ASSOCIATED CANCERS SUCH AS KAPOSI'S SARCOMA.

21ST INTERNATIONAL AIDS CONFERENCE IN DURBAN, SOUTH AFRICA

TREAT ASIA HAD A STRONG PRESENCE AT THE 21ST INTERNATIONAL AIDS

CONFERENCE (AIDS), HELD JULY 18-22 IN DURBAN, SOUTH AFRICA. DR. ANNETTE

SOHN, DIRECTOR OF TREAT ASIA, PARTICIPATED IN A SESSION ON CLINICAL

MODELS OF HIV CARE FOR ADOLESCENTS, PRESENTING A TALK TITLED, TRANSITION

OF THAI HIV-INFECTED ADOLESCENTS TO ADULT CARE. A RELATED SESSION

FEATURED TREAT ASIA'S YOUTH ACATA PROGRAM (SEE ABOVE).

## PROGRAM SERVICE ACCOMPLISHMENTS (3)

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

#### EDUCATIONAL MATERIALS

AMFAR PRODUCES A RANGE OF PERIODICALS IN BOTH PRINT AND ELECTRONIC

FORMATS, INCLUDING ITS NEWSLETTER INNOVATIONS, PUBLISHED TWICE A YEAR AND

DISTRIBUTED TO MORE THAN 45,000 PEOPLE; THE TREAT ASIA REPORT, AN E-MAIL

NEWSLETTER DISTRIBUTED SIX TIMES A YEAR TO MORE THAN 4,000 READERS IN THE

INTERNATIONAL HEALTH COMMUNITY; AND A MONTHLY E-MAIL NEWSLETTER

DISTRIBUTED TO NEARLY 100,000 PEOPLE. THE FOUNDATION'S WEBSITE FEATURES

NEWS, INTERVIEWS, BLOG POSTS, AND ORIGINAL ARTICLES COVERING AIDS

RESEARCH, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVITES.

THE WEBSITE ATTRACTS AN AVERAGE OF 40,000 VISITORS PER MONTH.

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

# SOCIAL MEDIA

AMFAR VIGOROUSLY EXPANDED ITS PRESENCE IN THE SOCIAL MEDIA ARENA,

REACHING LARGE NUMBERS OF PEOPLE, INCLUDING A YOUNGER DEMOGRAPHIC THAT IS

OFTEN LESS EDUCATED ABOUT HIV AND THE AIDS EPIDEMIC. THE FOUNDATION

REGULARLY ADDS CONTENT TO ITS FACEBOOK PAGE, LIVE TWEETS FROM EVENTS, AND

POSTS IMAGES ON INSTAGRAM FROM FUNDRAISING AND PROGRAM EVENTS. AMFAR HAS

72,000 LIKES ON FACEBOOK, 40,000 TWITTER FOLLOWERS, AND MORE THAN 108,000

INSTAGRAM FOLLOWERS.

### MEDIA OUTREACH

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

### CELEBRITY SUPPORT

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

IN 2016, A COLLECTION OF 1980S CLASSIC HITS WAS UPDATED BY CONTEMPORARY ARTISTS FOR THE TIME IS NOW!, A 14-TRACK COMPILATION ALBUM TO BENEFIT AMFAR. THE ALBUM FEATURES A SOULFUL RENDITION OF MICHAEL JACKSON'S "BILLIE JEAN" BY SINGER-SONGWRITER ALOE BLACC AND A RENDITION OF NEW ORDER'S "BIZARRE LOVE TRIANGLE" PERFORMED BY SUGAR FOR SUGAR, CONSISTING OF SCARLETT JOHANSSON, JULIA HALTIGAN HOLLY MIRANDA, AND KENDRA MORRIS.

THE BAND LOWER DENS, POP ROCK GROUP DNCE, DITA VON TEESE AND SEBASTIEN
TELLIER, AND SONGWRITING DUO MARIAN HILL ARE ALSO FEATURED ON THE ALBUM.

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

PROGRAM SERVICE ACCOMPLISHMENTS (4)

LINE 4D: THE GMT INITIATIVE:

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

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

#### IMPLEMENTATION SCIENCE AWARDS

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

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

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

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

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

ELEMENTS OF BOTH STRATEGIES.

AMFAR HIV SCHOLARS PROGRAM

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

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

PUBLICATIONS

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

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

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

FIRST RELEASED IN 2011, THE GUIDANCE HELPS RESEARCHERS AND

COMMUNITY-BASED ORGANIZATIONS MAXIMIZE THE BENEFITS AND MINIMIZE ANY

POTENTIAL RISKS OF WORKING TOGETHER ON CRITICALLY NEEDED RESEARCH

INVOLVING THIS POPULATION.

THE REVISED RESPECT, PROTECT, FULFILL WAS COMPILED THROUGH A

PARTICIPATORY PROCESS THAT ENLISTED INPUT FROM RESEARCHERS AND COMMUNITY

LEADERS AND ORGANIZATIONS THROUGHOUT THE WORLD.

PROGRAM SERVICE ACCOMPLISHMENTS (5)

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

SHAPING THE DOMESTIC RESPONSE TO HIV/AIDS

AMFAR HAS LONG ADVOCATED THE IMPLEMENTATION OF A COMPREHENSIVE NATIONAL

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

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

#### KEY POPULATIONS

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

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

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

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

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

#### GLOBAL HEALTH

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

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

AMFAR ALSO ADDED NEW FEATURES AND DATA TO ITS PEPFAR COUNTRY/REGIONAL
OPERATIONAL PLAN DATABASE, A COMPREHENSIVE, NAVIGABLE DATABASE OF
PEPFAR'S PLANNED FUNDING OF HIV/AIDS ACTIVITIES FROM 2007 TO 2015.

LAUNCHED IN 2015, THE DATABASE IS DESIGNED TO HELP CIVIL SOCIETY
ORGANIZATIONS, MINISTRIES OF HEALTH AND FINANCE, RESEARCHERS, AND OTHER
STAKEHOLDERS ACCESS AND UNDERSTAND PEPFAR'S PROGRAMS AND PRIORITIES ON A
DEEPER LEVEL THAN WAS POSSIBLE USING OTHER PLATFORMS.

# POLICIES

FORM 990, PART VI, SECTION B

LINE 11 - THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING

FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY

OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR

DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY

TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING

WITH THE INTERNAL REVENUE SERVICE.

LINE 12 - EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF AMFAR

("FOUNDATION") IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST

THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE

FOUNDATION. THE FOUNDATION MONITORS COMPLIANCE WITH ITS CONFLICT OF

INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT

IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE

INVESTIGATED IMMEDIATELY.

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

## DISCLOSURE

FORM 990, PART VI, SECTION C

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

#### FUNCTIONAL EXPENSES

PART IX, LINES 1 & 3 THE FOUNDATION FOR AIDS RESEARCH REPORTS ITS GRANTS NET OF GRANT RETURNS OR RECOVERIES. PERIODICALLY, GRANTS REMITTED TO CHARITABLE ORGANIZATIONS ARE RETURNED TO AMFAR FOR A VARIETY OF REASON.

ON SCHEDULES F & I, GRANTS ARE REPORTED IRRESPECTIVE OF WHETHER THEY WERE ULTIMATELY RETURNED TO AMFAR SINCE CATEGORIZING THE "RETURNED" AMOUNTS WOULD BE TIME CONSUMING. THEREFORE, AMOUNTS REPORTED ON PART IX, LINE 1 WILL NOT TIE TO TOTAL GRANTS ON SCHEDULE I; AMOUNTS REPORTED ON PART IX, LINE 3 WILL NOT TIE TO TOTAL GRANTS ON SCHEDULE F.

OTHER CHANGES IN NET ASSETS

FORM 990, SECTION XI, LINE 9

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

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TOTAL LINE 9 \$2,183

ATTACHMENT 1

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

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

AMFAR HAS OFFICES IN NEW YORK, NY, WASHINGTON, D.C., AND BANGKOK,

Name of the organization
THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

ATTACHMENT 1 (CONT'D)

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

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

Name of the organization	Employer identification number
THE FOUNDATION FOR AIDS RESEARCH	13-3163817
	ATTACHMENT 2

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
PUBLIC POLICY	234,816.	2,161,783.	0.
GMT INITIATIVE	1,087,074.	1,732,068.	0.
TOTALS	1,321,890.	3,893,851.	0.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

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

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

 ${\tt MN}, {\tt MS}, {\tt NH}, {\tt NJ}, {\tt NM}, {\tt NY}, {\tt NC}, {\tt OH}, {\tt OK}, {\tt OR}, {\tt PA},$ 

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

ATTACHMENT 4

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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