

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

THE FOUNDATION FOR AIDS RESEARCH

Doing business as AIDS RESEARCH FOUNDATION OR AMFAR

Number and street (or P.O. box if mail is not delivered to street address)

120 WALL STREET 13TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10005-3908

## F Name and address of principal officer:

KEVIN FROST

120 WALL STREET 13TH FLOOR NEW YORK, NY 10005

## D Employer identification number

13-3163817

## E Telephone number

(212) 806-1600

G Gross receipts \$ 65,592,839.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AMFAR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶


L Year of formation: 1983 M State of legal domicile: NY

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	88.	
	6	Total number of volunteers (estimate if necessary)	6	0.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	58,810,206.	50,842,378.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,108,834.	1,434,528.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-11,056,842.	-11,850,334.	
	12		48,862,198.	40,426,572.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,349,259.	12,204,275.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,487,770.	11,102,574.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	854,723.	746,863.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,698,108.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,985,556.	19,193,671.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,677,308.	43,247,383.	
	19	Revenue less expenses. Subtract line 18 from line 12	7,184,890.	-2,820,811.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	80,773,661.	80,221,720.
22		Net assets or fund balances. Subtract line 21 from line 20.	19,134,481.	20,491,474.	
			61,639,180.	59,730,246.	

## Part II Signature Block

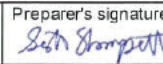
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶  Date \_\_\_\_\_

▶ Bradley Jensen, CFO & Asst Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SCOTT THOMPSETT Preparer's signature  Date \_\_\_\_\_ Check ☐ if self-employed PTIN P00741490

Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558

Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013 Phone no. 212-599-0100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 22,602,651. including grants of \$ 9,179,568. ) (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 GRANTEEES 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.

**4b** (Code: ) (Expenses \$ 4,581,510. including grants of \$ 2,065,471. ) (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 20 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. FOR FURTHER DETAILS, SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 4,217,812. including grants of \$ 0. ) (Revenue \$ 0. )

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

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

(Expenses \$ 3,463,579. including grants of \$ 959,236. ) (Revenue \$ 0. )

**4e** Total program service expenses 34,865,552.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> X	
<b>5</b> 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. . . . .	<b>5</b>	X
<b>6</b> 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. . . . .	<b>6</b>	X
<b>7</b> 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. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> X	
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> 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. . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</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 . . . . .	<b>11b</b>	X
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> 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 . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b> X	
<b>b</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 . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> X	
<b>b</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 . . . . .	<b>14b</b> X	
<b>15</b> 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 . . . . .	<b>15</b> X	
<b>16</b> 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 . . . . .	<b>16</b>	X
<b>17</b> 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). . . . .	<b>17</b> X	
<b>18</b> 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 . . . . .	<b>18</b> X	
<b>19</b> 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 . . . . .	<b>19</b>	X

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

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

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	119	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0.	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b>	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. . . . .	88	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <u>THAILAND</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .		
<b>b</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 . . . . .		
<b>c</b>	Enter the amount of reserves on hand . . . . .		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 15		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 15		
<b>2</b> 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? . . . . . <b>2</b>		X
<b>3</b> 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? . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</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? . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 3**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, 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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATHILDE KRIM, PH.D. FOUNDING CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) KENNETH COLE CHAIRMAN OF THE BOARD	1.00 0.	X		X				0.	0.	0.
(3) PATRICIA J. MATSON VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(4) JOHN C. SIMONS VICE CHAIRMAN AND TREASURER	1.00 0.	X		X				0.	0.	0.
(5) MERVYN F. SILVERMAN, M.D., M.P. SECRETARY	1.00 0.	X		X				0.	0.	0.
(6) ARLEN H. ANDELSON TRUSTEE	1.00 0.	X						0.	0.	0.
(7) HARRY BELAFONTE TRUSTEE (NON-VOTING)	1.00 0.	X						0.	0.	0.
(8) DAVID BOHNETT TRUSTEE (NON-VOT.) (THRU 8/17)	1.00 0.	X						0.	0.	0.
(9) ZEV BRAUN TRUSTEE (NON-VOTING)	1.00 0.	X						0.	0.	0.
(10) JONATHAN S. CANNO TRUSTEE	1.00 0.	X						0.	0.	0.
(11) DONALD CAPOCCIA TRUSTEE	1.00 0.	X						0.	0.	0.
(12) R. MARTIN CHAVEZ, PH.D. TRUSTEE (THRU 1/2017)	1.00 0.	X						0.	0.	0.
(13) JANE B. EISNER TRUSTEE (NON-VOTING)	1.00 0.	X						0.	0.	0.
(14) T. RYAN GREENAWALT TRUSTEE (THRU 8/2017)	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) REGAN HOFMANN TRUSTEE	1.00 0.	X						0.	0.	0.
(16) MICHAEL J. KLINGENSMITH TRUSTEE	1.00 0.	X						0.	0.	0.
(17) KEVIN MCCLATCHY TRUSTEE (THRU 8/2017)	1.00 0.	X						0.	0.	0.
(18) MICHELE V. MCNEILL, PHARM.D. TRUSTEE (NON-VOTING)	1.00 0.	X						0.	0.	0.
(19) EDWARD MILSTEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(20) CINDY RACHOFSKY TRUSTEE	1.00 0.	X						0.	0.	0.
(21) VINCENT A. ROBERTI TRUSTEE	1.00 0.	X						0.	0.	0.
(22) BILL ROEDY TRUSTEE	1.00 0.	X						0.	0.	0.
(23) RAYMOND F. SCHINAZI, PH.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(24) ALAN D. SCHWARTZ TRUSTEE (NON-VOTING)	1.00 0.	X						0.	0.	0.
(25) DIANA L. TAYLOR TRUSTEE (NON-VOTING)	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,087,432.	0.	597,315.
<b>d Total (add lines 1b and 1c)</b>								3,087,432.	0.	597,315.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **25**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) KEVIN FROST CHIEF EXECUTIVE OFFICER	40.00 0.			X				582,053.	0.	100,140.
( 27 ) BRADLEY JENSEN ASSISTANT TREASURER, CFO	40.00 0.			X				246,513.	0.	63,826.
( 28 ) JOHN F. LOGAN, J.D., PH.D. ASST SEC, VP, GEN COUNSEL	40.00 0.			X				239,658.	0.	31,714.
( 29 ) ROWENA JOHNSTON ASST SEC, VP, RESEARCH	40.00 0.			X				194,970.	0.	28,678.
( 30 ) EDWARD DONNELLY ASST TREASURER, CONTROLLER	40.00 0.			X				156,761.	0.	25,109.
( 31 ) ERIC MUSCATELL VICE PRESIDENT OF DEVELOPMENT	40.00 0.				X			219,567.	0.	30,470.
( 32 ) ANNETTE SOHN VICE PRESIDENT, TREAT ASIA PGM	40.00 0.				X			235,371.	0.	23,215.
( 33 ) ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO.	40.00 0.				X			224,984.	0.	30,789.
( 34 ) GREGORIO MILLET VICE PRESIDENT, PUBLIC POLICY	40.00 0.				X			187,714.	0.	27,819.
( 35 ) ANDREW MCINNESS DIRECTOR, PUBLICATIONS	40.00 0.					X		160,449.	0.	57,457.
( 36 ) ANTHONY ANCONA VICE PRESIDENT, HUMAN RESOURCE	40.00 0.					X		182,044.	0.	28,322.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 25

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

**Section B. Independent Contractors**

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

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

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

(F)  
Estimated  
amount of  
other  
compensation  
from the  
organization  
and related  
organizations

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 207,695.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 30,056,709.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 11,578,196.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 8,999,778.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	82,139.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		50,842,378.			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		1,295,049.		
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .		0.			
<b>5</b>		Royalties . . . . .		59,464.			59,464.
		(i) Real	(ii) Personal				
<b>6a</b>		Gross rents . . . . .					
<b>b</b>		Less: rental expenses . . . . .					
<b>c</b>		Rental income or (loss) . . . . .					
<b>d</b>		Net rental income or (loss) . . . . .		0.			
<b>7a</b>		(i) Securities	(ii) Other				
		11,576,947.					
<b>b</b>		Less: cost or other basis and sales expenses . . . . .		11,437,468.			
<b>c</b>		Gain or (loss) . . . . .		139,479.			
<b>d</b>		Net gain or (loss) . . . . .		139,479.			139,479.
<b>8a</b>		Gross income from fundraising events (not including \$ 30,056,709. of contributions reported on line 1c). See Part IV, line 18 . . . . .		1,797,050.			
<b>b</b>		Less: direct expenses . . . . .		13,726,531.			
<b>c</b>		Net income or (loss) from fundraising events . . . . .		-11,929,481.			-11,929,481.
<b>9a</b>		Gross income from gaming activities. See Part IV, line 19 . . . . .		0.			
<b>b</b>		Less: direct expenses . . . . .		0.			
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		13,222.				
<b>b</b>	Less: cost of goods sold . . . . .		2,268.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		10,954.			10,954.	
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	LIST RENTALS	900099	3,691.			3,691.	
<b>b</b>	STORE SALES	900099	1,250.			1,250.	
<b>c</b>	MISCELLANEOUS INCOME	900099	3,788.			3,788.	
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		8,729.				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		40,426,572.			-10,415,806.	

**Part IX Statement of Functional Expenses**

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

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

☒ X**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .	7,933,673.	7,933,673.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	4,270,602.	4,270,602.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,574,035.	1,873,359.	333,721.	366,955.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	6,071,158.	4,044,015.	651,731.	1,375,412.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	353,056.	226,100.	40,805.	86,151.
<b>9</b> Other employee benefits . . . . .	1,577,997.	1,028,659.	240,615.	308,723.
<b>10</b> Payroll taxes . . . . .	526,328.	344,477.	62,905.	118,946.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	550,339.	547,250.	3,058.	31.
<b>c</b> Accounting . . . . .	199,289.		199,289.	
<b>d</b> Lobbying . . . . .	105,279.	105,279.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	746,863.			746,863.
<b>f</b> Investment management fees . . . . .	304,037.		304,037.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,513,792.	1,002,108.	46,649.	465,035.
<b>12</b> Advertising and promotion . . . . .	374,969.	347,418.	1,088.	26,463.
<b>13</b> Office expenses . . . . .	74,432.	47,696.	6,182.	20,554.
<b>14</b> Information technology . . . . .	297,330.	237,284.	27,409.	32,637.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,368,172.	1,070,432.	122,466.	175,274.
<b>17</b> Travel . . . . .	1,167,732.	561,630.	6,006.	600,096.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	775,959.	706,912.	10,019.	59,028.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	542,084.	430,415.	49,243.	62,426.
<b>23</b> Insurance . . . . .	326,133.	258,950.	29,626.	37,557.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> PROGRAM MATERIALS . . . . .	7,088,724.	7,088,724.		
<b>b</b> PROGRAM TECHNICAL SUPPORT . . . . .	998,963.	998,963.		
<b>c</b> POSTAGE & SHIPPING . . . . .	682,917.	342,399.	2,911.	337,607.
<b>d</b> PRINTING . . . . .	669,627.	200,795.	968.	467,864.
<b>e</b> All other expenses . . . . .	2,153,893.	1,198,412.	544,995.	410,486.
<b>25</b> Total functional expenses. Add lines 1 through 24e	43,247,383.	34,865,552.	2,683,723.	5,698,108.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	713,656.	225,466.		488,190.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	21,651,323.	<b>1</b>	9,608,338.
	<b>2</b> Savings and temporary cash investments . . . . .	323,338.	<b>2</b>	323,338.
	<b>3</b> Pledges and grants receivable, net . . . . .	464,693.	<b>3</b>	1,054,693.
	<b>4</b> Accounts receivable, net . . . . .	9,959,486.	<b>4</b>	7,565,297.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	575,913.	<b>8</b>	444,076.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,630,566.	<b>9</b>	2,895,192.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 7,508,100.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,433,600.		
		2,976,566.	<b>10c</b>	3,074,500.
	<b>11</b> Investments - publicly traded securities . . . . .	42,064,454.	<b>11</b>	53,762,394.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	36,797.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,090,525.	<b>15</b>	1,493,892.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	80,773,661.	<b>16</b>	80,221,720.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,412,592.	<b>17</b>	3,028,826.
	<b>18</b> Grants payable . . . . .	2,973,966.	<b>18</b>	3,445,162.
	<b>19</b> Deferred revenue . . . . .	10,727,662.	<b>19</b>	11,985,013.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	2,020,261.	<b>25</b>	2,032,473.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	19,134,481.	<b>26</b>	20,491,474.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	58,215,899.	<b>27</b>	55,835,428.
	<b>28</b> Temporarily restricted net assets . . . . .	3,060,748.	<b>28</b>	3,526,335.
	<b>29</b> Permanently restricted net assets . . . . .	362,533.	<b>29</b>	368,483.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	61,639,180.	<b>33</b>	59,730,246.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	80,773,661.	<b>34</b>	80,221,720.

Form **990** (2016)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	40,426,572.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	43,247,383.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-2,820,811.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	61,639,180.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	911,877.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	59,730,246.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- d ☐ **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.**
- e ☐ 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 Enter the number of supported organizations. . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	38,582,579.	57,556,516.	56,251,128.	58,810,206.	50,842,378.	262,042,807.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	38,582,579.	57,556,516.	56,251,128.	58,810,206.	50,842,378.	262,042,807.
<b>5</b> 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). . . . .						2,261,396.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						259,781,411.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	38,582,579.	57,556,516.	56,251,128.	58,810,206.	50,842,378.	262,042,807.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	755,293.	804,366.	1,652,775.	1,316,372.	1,354,513.	5,883,319.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	1,467,184.	1,693,833.	2,103,589.	2,246,081.	1,819,001.	9,329,688.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						277,255,814.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	93.70 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.04 %
<b>16a</b> <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV** Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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> .		
<b>b</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> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
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	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013. . . . .			
d	From 2014. . . . .			
e	From 2015. . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS	917.	1,495.	12,014.	796.	3,788.	19,010.
LIST RENTALS	5,477.	3,116.	4,637.	9,117.	3,691.	26,038.
INVENTORY	103,590.	239,927.	212,642.	169,839.	1,797,050.	2,523,048.
SPECIAL EVENTS	1,357,200.	1,448,865.	1,871,885.	2,065,725.	13,222.	6,756,897.
STORE SALES		430.	2,411.	604.	1,250.	4,695.
TOTALS	<u>1,467,184.</u>	<u>1,693,833.</u>	<u>2,103,589.</u>	<u>2,246,081.</u>	<u>1,819,001.</u>	<u>9,329,688.</u>

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

OMB No. 1545-0047

**2016**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

THE FOUNDATION FOR AIDS RESEARCH

**Employer identification number**

13-3163817

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**If the organization answered "Yes," 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 Tax) (see separate instructions), then**

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

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

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

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

**4-Year Averaging Period Under section 501(h)**

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		371,694.
<b>j</b> Total. Add lines 1c through 1i			371,694.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

**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

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-3163817

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included in Form 990, Part VIII, line 1 . . . . .	▶ \$ _____
(ii) Assets included in Form 990, Part X . . . . .	▶ \$ 494,473.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1 . . . . .	▶ \$ _____
b Assets included in Form 990, Part X . . . . .	▶ \$ _____

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

Schedule D (Form 990) 2016

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	541,231.	493,036.	490,979.	443,886.	520,804.
<b>b</b> Contributions	5,950.	7,293.	7,998.	6,543.	3,211.
<b>c</b> Net investment earnings, gains, and losses	45,952.	40,902.	-5,941.	40,550.	20,742.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					100,871.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	593,133.	541,231.	493,036.	490,979.	443,886.

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

- a** Board designated or quasi-endowment ☐ %  
**b** Permanent endowment ☒ 62.1200 %  
**c** Temporarily restricted endowment ☒ 37.8800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b**

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		2,542,490.		2,542,490.
<b>d</b> Equipment		304,826.		304,826.
<b>e</b> Other		4,660,784.	4,433,600.	227,184.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,074,500.

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LONG TERM LEASE LIABILITY	1,810,442.	
(3) SECTION 457 RETIREMENT LIABILITY	222,031.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		2,032,473.

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

**Part 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	41,557,266.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	911,877.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	218,817.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,130,694.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	40,426,572.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	40,426,572.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	43,466,200.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	218,817.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	218,817.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	43,247,383.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	43,247,383.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## ENDOWMENTS

## PART V, LINE 4

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

## FIN 48 - INCOME TAXES

AMFAR FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND GUIDANCE ON MEASUREMENT. 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 IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. 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 WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. AMFAR HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

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COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS

PART III, LINE 4

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	N/A	49,800.
<b>(2)</b> EAST ASIA AND THE PACIFIC			GRANTMAKING	N/A	2,719,032.
<b>(3)</b> EUROPE			GRANTMAKING	N/A	996,920.
<b>(4)</b> NORTH AMERICA			GRANTMAKING	N/A	154,467.
<b>(5)</b> SOUTH AMERICA			GRANTMAKING	N/A	240,386.
<b>(6)</b> SOUTH ASIA			GRANTMAKING	N/A	32,811.
<b>(7)</b> SUB-SAHARAN AFRICA			GRANTMAKING	N/A	77,187.
<b>(8)</b> EAST ASIA AND THE PACIFIC	1.	17.	PROGRAM SERVICES	THERAPEUTICS, TRAINING	1,731,815.
<b>(9)</b> EAST ASIA AND THE PACIFIC			FUNDRAISING	N/A	1,820,696.
<b>(10)</b> EUROPE			FUNDRAISING	N/A	8,386,928.
<b>(11)</b> SOUTH AMERICA			FUNDRAISING	N/A	769,244.
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total. . . . .	1.	17.			16,979,286.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	17.			16,979,286.

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CARIBBEAN/CENTRAL AMERIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(2)			CARIBBEAN/CENTRAL AMERIC	GMT INITIATI	23,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	BASIC RESEAR	23,619.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	BASIC RESEAR	499,920.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	BASIC RESEAR	56,378.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	BASIC RESEAR	74,988.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	GMT INITIATI	184,620.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	GMT INITIATI	39,814.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	GMT INITIATI	25,000.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,893.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	7,062.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	24,984.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	25,000.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	10,346.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	5,396.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	18,400.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	6,622.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	12,197.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	19,982.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	14,025.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	15,650.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	9,950.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	21,044.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	16,800.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	21,814.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	23,714.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	22,488.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	22,744.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	23,670.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	21,510.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	22,570.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	14,200.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	22,280.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	21,192.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	21,234.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	5,175.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	6,375.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	6,075.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	5,475.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,550.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	5,250.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	243,968.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	175,225.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	130,587.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	9,000.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	197,244.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	63,024.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	41,632.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	46,216.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	8,206.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	9,450.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	10,046.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	11,575.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	11,048.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	6,242.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	18,423.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	7,283.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	13,254.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	6,966.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	7,961.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	62,496.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	18,682.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	16,789.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	9,823.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	7,972.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	6,500.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	6,497.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	6,500.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	6,500.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	6,260.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	18,750.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	5,625.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(16)			EUROPE	BASIC RESEAR	29,990.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	BASIC RESEAR	53,332.	WIRE TRANSFE			
(2)			EUROPE	BASIC RESEAR	20,833.	WIRE TRANSFE			
(3)			EUROPE	BASIC RESEAR	75,000.	WIRE TRANSFE			
(4)			EUROPE	BASIC RESEAR	96,645.	WIRE TRANSFE			
(5)			EUROPE	BASIC RESEAR	90,009.	WIRE TRANSFE			
(6)			EUROPE	RESEARCH RSR	182,141.	WIRE TRANSFE			
(7)			EUROPE	RESEARCH RSR	143,824.	WIRE TRANSFE			
(8)			EUROPE	RESEARCH RSR	316,203.	WIRE TRANSFE			
(9)			NORTH AMERICA (EXCL USA)	BASIC RESEAR	54,469.	WIRE TRANSFE			
(10)			NORTH AMERICA (EXCL USA)	BASIC RESEAR	99,998.	WIRE TRANSFE			
(11)			SOUTH AMERICA	BASIC RESEAR	15,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	GMT INITIATI	200,386.	WIRE TRANSFE			
(13)			SOUTH AMERICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(14)			SOUTH ASIA	TREAT ASIA	7,500.	WIRE TRANSFE			
(15)			SOUTH ASIA	TREAT ASIA	16,912.	WIRE TRANSFE			
(16)			SOUTH ASIA	TREAT ASIA	8,399.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GMT INITIATI	25,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	TREAT ASIA	51,325.	WIRE TRANSFE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **98.**
- 3 Enter total number of other organizations or entities. . . . . **98.**

**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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2016

**Part V Supplemental Information**

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

**Part V** **Supplemental Information**

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 GRANTEEES

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" 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.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations                     |  |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> AAB PRODUCTIONS, INC.	EVENTS PRODUCTION		X	22,385,427.	586,480.	21,798,947.
<b>2</b> EIDOLON COMM., INC.	DIRECT MAIL		X	2,149,452.	288,370.	1,861,082.
<b>3</b> DONOR SERVICES GROUP, LLC	TELE MARKETING		X	7,838.	31,738.	-23,900.
<b>4</b> JOSH WOODS PRODUCTION	EVENTS PRODUCTION		X	4,895,395.	359,850.	4,535,545.
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				29,438,112.	1,266,438.	28,171,674.

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

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

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

		(a) Event #1 CANNES (event type)	(b) Event #2 DALLAS (event type)	(c) Other events 17. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	16,271,745.	4,406,737.	11,175,277.	31,853,759.
	2 Less: Contributions . . . . .	15,787,745.	4,223,737.	10,045,227.	30,056,709.
	3 Gross income (line 1 minus line 2). . . . .	484,000.	183,000.	1,130,050.	1,797,050.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	988,368.	341,192.	682,192.	2,011,752.
	7 Food and beverages . . . . .	299,106.	229,411.	847,590.	1,376,107.
	8 Entertainment . . . . .	2,675,173.	162,780.	1,264,605.	4,102,558.
	9 Other direct expenses . . . . .	3,084,555.	647,270.	2,504,289.	6,236,114.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				13,726,531.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-11,929,481.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

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

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

SCHEDULE G, PART I

THE FOUNDATION FOR AIDS RESEARCH ACTUALLY PAID OUT \$746,863 IN FUNDRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2017. THIS AMOUNT IS REPORTED ON PART IX, LINE 11(E). FOR PURPOSES OF SCHEDULE G, THE FOUNDATION IS REPORTING ALL AMOUNTS PAID TO THE CONSULTANTS LISTED ON PART I, REGARDLESS OF WHETHER SUCH AMOUNTS WERE PURE FUNDRAISING EXPENSES OR EVENT PRODUCTION COSTS. ON SCHEDULE G, THE TOTAL AMOUNT PAID TO THE

Schedule G (Form 990 or 990-EZ) 2016

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

ORGANIZATIONS LISTED IS \$1,266,438. OF THAT \$1,266,438, ONLY \$746,863 WAS PAID FOR FUNDRAISING SERVICES, THE REMAINING \$519,575 WAS PAID FOR EVENT PRODUCTION SERVICES. IN THE INTERESTS OF CLARITY, THE FOUNDATION WOULD ALSO LIKE TO MAKE CLEAR THAT THE COMPENSATION REPORTED AS HAVING BEEN PAID TO THE PROFESSIONAL FUNDRAISERS REPORTED ON SCHEDULE G IS REPORTED ON A FISCAL YEAR BASIS. SOME OF THOSE SAME FUNDRAISERS ARE REPORTED ON THE FOUNDATION'S TOP 5 HIGHEST PAID INDEPENDENT CONTRACTORS LIST (IN

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

SCHEDULE O). IN COMPLIANCE WITH THE INSTRUCTIONS TO THE FORM 990,

COMPENSATION REPORTED FOR PART VII (AND LISTED IN SCHEDULE O) IS REPORTED

ON A CALENDAR YEAR BASIS. ACCORDINGLY, AMOUNTS ON PART VII AND SCHEDULE G

WILL NOT RECONCILE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-3163817

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE SEATTLE, WA 98195-9472	91-6001537	501(C)(3)	22,500.				BASIC RESEARCH
(2) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACK PARK RD, PORTLAND, OR 97239	93-1176109	501(C)(3)	29,970.				BASIC RESEARCH
(3) EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	29,999.				BASIC RESEARCH
(4) BLOOD SYSTEMS, INC. 270 MASONIC AVE. SAN FRANCISCO, CA 94118	86-0098929	501(C)(3)	30,000.				BASIC RESEARCH
(5) UNIVERSITY OF UTAH 15 N. MEDICAL DR. SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	30,000.				BASIC RESEARCH
(6) REGENTS OF THE UNIVERSITY OF CA, SAN FRAN. 3333 CA ST., SAN FRANCISCO CA 94143	94-6036493	501(C)(3)	51,432.				BASIC RESEARCH
(7) UNIVERSITY OF NEBRASKA-LINCOLN 151 WHITTIER RC LINCOLN, NE 68583	47-0049123	501(C)(3)	30,000.				BASIC RESEARCH
(8) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	93,750.				BASIC RESEARCH
(9) THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET WASHINGTON, DC 20052	53-0196584	501(C)(3)	67,495.				BASIC RESEARCH
(10) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	497,988.				BASIC RESEARCH
(11) REGENTS OF THE UNIVERSITY OF CA, SAN FRAN. 3333 CA ST., SAN FRANCISCO CA 94143	94-6036493	501(C)(3)	500,072.				BASIC RESEARCH
(12) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE SAN DIEGO, CA 92093-0679	95-6006144	501(C)(3)	100,001.				BASIC RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
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Employer identification number

13-3163817

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (C) (3)	100,001.				BASIC RESEARCH
(2) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (C) (3)	100,001.				BASIC RESEARCH
(3) EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	100,001.				BASIC RESEARCH
(4) EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	100,001.				BASIC RESEARCH
(5) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C) (3)	100,001.				BASIC RESEARCH
(6) REGENTS OF THE UNIVERSITY OF CA, SAN FRAN. 3333 CA ST, SAN FRANCISCO CA 94143	94-6036493	501 (C) (3)	19,440.				BASIC RESEARCH
(7) BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	04-3314093	501 (C) (3)	75,000.				BASIC RESEARCH
(8) YALE UNIVERSITY 266 WHITNEY AVE. NEW HAVEN, CT 06511	06-0646973	501 (C) (3)	12,500.				BASIC RESEARCH
(9) EMORY UNIVERSITY 1599 CLIFTON RD. ATLANTA, GA 30322-4250	58-0566256	501 (C) (3)	50,000.				BASIC RESEARCH
(10) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C) (3)	60,000.				BASIC RESEARCH
(11) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C) (3)	168,790.				BASIC RESEARCH
(12) FDN. FOR THE NATIONAL INSTITUTES OF HEALTH 9650 ROCKVILLE PIKE, BETHESDA, MD 20814	52-1986675	501 (C) (3)	133,334.				BASIC RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-3163817

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CA ST., SAN FRANCISCO CA 94143	94-6036493	501 (C) (3)	100,000.				BASIC RESEARCH
(2) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE SEATTLE, WA 98195-9472	91-6001537	501 (C) (3)	133,333.				BASIC RESEARCH
(3) YALE UNIVERSITY 266 WHITNEY AVE. NEW HAVEN, CT 06511	06-0646973	501 (C) (3)	133,334.				BASIC RESEARCH
(4) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 373 PLANTATION ST., WORCESTER, MA 01605	04-3167352	501 (C) (3)	133,334.				BASIC RESEARCH
(5) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C) (3)	132,962.				BASIC RESEARCH
(6) THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS ST., SAN FRANCISCO, CA 94158	23-7203666	501 (C) (3)	75,000.				BASIC RESEARCH
(7) THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS ST., SAN FRANCISCO, CA 94158	23-7203666	501 (C) (3)	75,000.				BASIC RESEARCH
(8) COLUMBIA UNIVERSITY 630 W. 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501 (C) (3)	74,523.				BASIC RESEARCH
(9) BOSTON CHILDREN'S HOSPITAL 3 BLACKFAN CIRCLE, ROOM 3082, MA 02115	04-2774441	501 (C) (3)	68,565.				BASIC RESEARCH
(10) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE SEATTLE, WA 98195-9472	91-6001537	501 (C) (3)	99,989.				BASIC RESEARCH
(11) UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVE., STE 211, CA 90095	95-6006143	501 (C) (3)	100,000.				BASIC RESEARCH
(12) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST., PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	100,000.				BASIC RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-3163817

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAYO CLINIC COLLEGE OF MEDICINE 200 FIRST ST., SW., ROCHESTER, MN 55905	41-6011702	501(C)(3)	25,000.				BASIC RESEARCH
(2) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACK. PARK RD, PORTLAND OR 97239	93-1176109	501(C)(3)	24,993.				BASIC RESEARCH
(3) BOSTON UNIVERSITY SCHOOL OF MEDICINE 650 ALBANY ST, EBRC 640, BOSTON, MA 02118	04-3314093	501(C)(3)	24,999.				BASIC RESEARCH
(4) THE GEORGE WASHINGTON UNIVERSITY 2121 I STREET WASHINGTON, DC 20052	53-0196584	501(C)(3)	24,999.				BASIC RESEARCH
(5) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	24,999.				BASIC RESEARCH
(6) UNIVERSITY OF MARYLAND AT BALTIMORE 725 LOMBARD ST., BALTIMORE, MD 21201	52-6002033	501(C)(3)	25,000.				BASIC RESEARCH
(7) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N. SEATTLE, WA 98109	23-7156071	501(C)(3)	24,999.				BASIC RESEARCH
(8) INTERNATIONAL AIDS VACCINE INITIATIVE 125 BROAD ST, 9TH FL, NEW YORK, NY 10004	13-3870223	501(C)(3)	24,921.				BASIC RESEARCH
(9) SWARTHMORE COLLEGE 500 COLLEGE AVE., SWARTHMORE, PA 19081	23-1352683	501(C)(3)	13,333.				BASIC RESEARCH
(10) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	190,885.				GMT INITIATIVE
(11) NEW VENTURE FUND 120 VT AVE NW, WASHINGTON, DC 20036	20-5806345	501(C)(3)	200,000.				PREVENTION SCIENCE
(12) NEW VENTURE FUND 120 VT AVE NW, WASHINGTON, DC 20036	20-5806345	501(C)(3)	300,000.				PREVENTION SCIENCE

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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Employer identification number

13-3163817

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	20,000.				PUBLIC POLICY
(2) GEORGETOWN UNIVERSITY 600 NEW JERSEY AVENUE WASHINGTON, DC 20057	53-0196603	501(C)(3)	47,928.				PUBLIC POLICY
(3) AIDS VACCINE ADVOCACY COALITION (AVAC) 423 W 127 ST., NEW YORK, NY 10027	94-3240841	501(C)(3)	49,999.				PUBLIC POLICY
(4) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	99,942.				PUBLIC POLICY
(5) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CA ST., SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,773,654.				RESEARCH RSRL
(6) HARVARD UNIVERSITY 29 OXFORD STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	210,652.				RESEARCH RSRL
(7) REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST. SE, MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	76,800.				RESEARCH RSRL
(8) JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	121,644.				TREAT ASIA
(9) MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE. BOSTON, MA 02199	04-2697983	501(C)(3)	45,000.				TREAT ASIA
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 57.

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

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

Schedule I (Form 990) (2016)

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** 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

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

TRUSTEES. AFTER A PROGRAM COMMITTEE HAS COMPLETED ITS REVIEW OF THE APPLICATIONS, IT PRESENTS ITS FUNDING RECOMMENDATIONS TO AMFAR'S EXECUTIVE COMMITTEE AND/OR THE FULL BOARD OF TRUSTEES FOR FINAL APPROVAL AND FUNDING AUTHORIZATION. GRANTS AND FELLOWSHIPS ARE PAYABLE OVER A ONE-TO-THREE-YEAR PERIOD, AND ARE REVOCABLE AT AMFAR'S OPTION IF THE RECIPIENT'S PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE TERMS OF THE GRANT OR FELLOWSHIPS. IN CERTAIN CASES, THE ACTUAL AMOUNTS PAID UNDER GRANTS AND FELLOWSHIP AWARDS 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

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AWARDED TO NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT THE COSTS OF  
COLLABORATION AND PARTICIPATION IN HIV/AIDS-RELATED RESEARCH PROJECTS FOR  
WHICH AMFAR HAS SECURED RESTRICTED FUNDS. SUBAWARDS ARE PAYABLE OVER A  
ONE-YEAR PERIOD, ALTHOUGH ADVANCE PAYMENTS, IN FULL OR IN PART, MAY BE  
ISSUED FOLLOWING EXECUTION OF THE SUBAWARD AGREEMENT. SUBAWARDS ARE  
CONTINGENT UPON THE AVAILABILITY OF FUNDS AND ARE REVOCABLE IF THE  
RECIPIENTS' PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE  
SUBAWARD TERMS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-3163817

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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 on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN FROST CHIEF EXECUTIVE OFFICER	(i)	391,601.	100,000.	90,452.	36,550.	63,590.	682,193.	3,582.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BRADLEY JENSEN ASSISTANT TREASURER, CFO	(i)	246,513.	0.	0.	17,923.	45,903.	310,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOHN F. LOGAN, J.D., PH ASST SEC, VP, GEN COUNSEL	(i)	239,658.	0.	0.	16,765.	14,949.	271,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROWENA JOHNSTON ASST SEC, VP, RESEARCH	(i)	194,970.	0.	0.	13,729.	14,949.	223,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 EDWARD DONNELLY ASST TREASURER, CONTROLLER	(i)	156,761.	0.	0.	11,405.	13,704.	181,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ERIC MUSCATELL VICE PRESIDENT OF DEVELOPMENT	(i)	219,567.	0.	0.	15,521.	14,949.	250,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ANNETTE SOHN VICE PRESIDENT, TREAT ASIA PGM	(i)	235,371.	0.	0.	16,475.	6,740.	258,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO.	(i)	224,984.	0.	0.	15,840.	14,949.	255,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GREGORIO MILLET VICE PRESIDENT, PUBLIC POLICY	(i)	187,714.	0.	0.	13,366.	14,453.	215,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ANDREW MCINNESS DIRECTOR, PUBLICATIONS	(i)	160,449.	0.	0.	11,554.	45,903.	217,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ANTHONY ANCONA VICE PRESIDENT, HUMAN RESOURCE	(i)	182,044.	0.	0.	12,793.	15,529.	210,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SUSAN DOSTER CHIEF TECHNOLOGY OFFICER	(i)	144,866.	0.	0.	10,596.	35,429.	190,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 BENNAH SERFATY SR DIRECTOR OF COMMUNICATION	(i)	127,459.	0.	0.	9,184.	45,903.	182,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 JONATHAN KEY DIRECTOR, PHILANTHROPY	(i)	185,023.	0.	0.	13,235.	35,429.	233,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

**Part III Supplemental Information**

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 2016, AMFAR CONTRIBUTED \$85,000 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 2016 EMPLOYER-FUNDED 457(F) CONTRIBUTION OF \$85,000 PLUS PAYOUTS OF PREVIOUSLY CONTRIBUTED EMPLOYER-FUNDED 457(F) CONTRIBUTIONS (AND EARNINGS THEREON).

IN SCHEDULE J, PART II, COLUMN (F), AMFAR IS REPORTING \$3,582 OF 457(F) CONTRIBUTIONS THAT WERE RECORDED AS DEFERRED COMPENSATION ON A PREVIOUSLY FILED FORM 990.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

**Noncash Contributions**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Employer identification number

13-3163817

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	13.	82,139.	SALES PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

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

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Schedule M (Form 990) (2016)

JSA

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**Part II** **Supplemental Information.** 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.

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FORM 990, SCHEDULE M, LINE 31

TO THE EXTENT THAT AMFAR RECEIVES NON-STANDARD CONTRIBUTIONS, THE  
ORGANIZATION'S POLICY IS TO LIQUIDATE THOSE ITEMS INTO CASH FOR EVENTUAL  
USE IN SUPPORT OF THE ORGANIZATION'S MISSION.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

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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 RESEARCHERS TO CONDUCT ORIGINAL INVESTIGATIONS UNDER THE GUIDANCE OF EXPERIENCED SCIENTISTS, HELPING TO ENSURE THE LONG-TERM VITALITY OF AIDS RESEARCH.

NEW GRANTS AND FELLOWSHIPS

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

COUNTDOWN TO A CURE FOR AIDS

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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IN 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 2015 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.

- 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. GRANTEEES MAY HAVE EXPERTISE IN FIELDS SUCH AS CANCER,

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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 ENABLES AMFAR TO RESPOND QUICKLY TO EMERGING AND UNFORESEEN RESEARCH OPPORTUNITIES.

SINCE LAUNCHING THE COUNTDOWN TO A CURE FOR AIDS INITIATIVE, AMFAR HAS AWARDED 58 COUNTDOWN GRANTS TOTALING MORE THAN \$41 MILLION TO SUPPORT RESEARCH CONDUCTED BY 222 SCIENTISTS WORKING AT 74 INSTITUTIONS IN 10 COUNTRIES.

#### INNOVATION GRANTS

IN JULY 2017, AMFAR AWARDED \$1.2 MILLION TO SIX RESEARCHERS WHO ARE EXPLORING MECHANISMS OF HIV PERSISTENCE AND THE POTENTIAL FOR VIRAL ERADICATION. THESE "INNOVATION" GRANTS ARE DESIGNED TO TEST AND ADVANCE PIONEERING IDEAS IN THE EARLY STAGES OF THEIR DEVELOPMENT.

FOR INSTANCE, DR. ANDREW BADLEY, FROM THE MAYO CLINIC COLLEGE OF MEDICINE IN ROCHESTER, MN, WILL TEST WHETHER IXAZOMIB, A DRUG CURRENTLY USED TO TREAT THE BLOOD CANCER MULTIPLE MYELOMA, CAN REDUCE THE SIZE OF THE LATENT HIV RESERVOIR IN THE BODY, WHILE DR. JOSHUA SCHIFFER, FROM FRED

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HUTCHINSON CANCER RESEARCH CENTER IN SEATTLE, WILL TEST A DRUG NORMALLY USED TO PREVENT ORGAN TRANSPLANT REJECTION FOR ITS POTENTIAL TO ELIMINATE THE RESERVOIR COMPLETELY.

ADDITIONALLY, DRS. ANDREW HENDERSON, FROM BOSTON UNIVERSITY SCHOOL OF MEDICINE AND FABIO ROMERIO, FROM THE UNIVERSITY OF MARYLAND IN BALTIMORE, ARE EXPLORING A CURE STRATEGY KNOWN AS "BLOCK AND LOCK", WHICH AIMS TO SILENCE HIV AND PREVENT ITS RE-EMERGENCE WHEN ANTIRETROVIRAL THERAPY IS STOPPED.

AT THE GEORGE WASHINGTON UNIVERSITY IN WASHINGTON, D.C., DR. BRAD JONES AIMS TO DEVELOP A NEW CLASS OF BROADLY NEUTRALIZING ANTIBODIES TO ELIMINATE THE CONSTRAINTS CAUSED BY THE GENETIC DIFFERENCES BETWEEN PEOPLE. THE GOAL IS TO INCREASE THE NUMBER OF PEOPLE IN WHOM BROADLY NEUTRALIZING ANTIBODIES ARE ABLE TO FIND AND KILL HIV-INFECTED CELLS.

AND TO BETTER UNDERSTAND HOW "THE BERLIN PATIENT" WAS CURED OF HIV, DR. BENJAMIN BURWITZ, FROM OREGON HEALTH AND SCIENCE UNIVERSITY IN PORTLAND, PLANS TO GENERATE A MONKEY MODEL LACKING THE PROTEIN CCR5, THE PRIMARY MEANS BY WHICH MOST TYPES OF HIV INFECT CELLS. BROWN WAS CURED AFTER RECEIVING A STEM CELL TRANSPLANT FROM A DONOR WITH A CCR5 MUTATION.

#### INVESTMENT GRANTS

IN FEBRUARY 2017, AMFAR ANNOUNCED A NEW ROUND OF INVESTMENT GRANTS, TOTALING \$1.2 MILLION, TO SUPPORT SIX RESEARCH PROJECTS THAT ENLIST THE

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HELP OF BIOENGINEERS TO OVERCOME THE MAIN BARRIER TO A CURE: LATENT HIV RESERVOIRS.

FOR EXAMPLE, ONE PAIR OF RESEARCHERS - DRS. TIMOTHY HENRICH, OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF), AND THE AMFAR INSTITUTE FOR HIV CURE RESEARCH, AND BIOENGINEER UTKAN DEMIRCI FROM STANFORD - AIM TO APPLY MAGNETIC LEVITATION OF SINGLE CELLS TO IDENTIFY AND CHARACTERIZE HIV RESERVOIRS.

ANOTHER PAIR - DRS. HUI ZHANG AND WEIMING YANG OF JOHNS HOPKINS UNIVERSITY IN BALTIMORE - ARE USING MASS SPECTROMETRY TO IDENTIFY MOLECULES ON THE SURFACE OF CELLS THAT DIFFERENTIATE LATENT RESERVOIRS FROM UNINFECTED CELLS.

AND A THIRD - DRS. PRITI KUMAR AND MARK SALTZMAN OF YALE UNIVERSITY IN NEW HAVEN, CT - ARE EXPLORING A NOVEL GENE-EDITING APPROACH USING A CELL'S MACHINERY TO ELIMINATE HIV RESERVOIRS.

ARCHE (AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION)  
IN JULY 2017, AMFAR AWARDED MORE THAN \$2.3 MILLION IN ARCHE GRANTS TO SEVEN TEAMS OF RESEARCHERS WORKING ON GENE THERAPY-BASED APPROACHES TO CURING HIV. WHILE PHARMACOLOGICAL AND IMMUNOLOGICAL APPROACHES REMAIN THE DOMINANT CURE STRATEGIES, THE CASE OF THE "BERLIN PATIENT" POINTS TO THE PROMISE OF GENE THERAPY.

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THE GRANTEES ARE: DR. HILDEGARD BÜNING OF HANNOVER MEDICAL SCHOOL, GERMANY; DR. KEITH JEROME OF THE UNIVERSITY OF WASHINGTON, SEATTLE; DR. HANS-PETER KIEM OF FRED HUTCHINSON CANCER RESEARCH CENTER, SEATTLE; DR. SCOTT KITCHEN OF UCLA; DR. YASUHIRO TAKEUCHI OF UNIVERSITY COLLEGE LONDON; DR. DREW WEISSMAN OF UNIVERSITY OF PENNSYLVANIA IN PHILADELPHIA; AND DR. RICHARD WYATT OF THE SCRIPPS RESEARCH INSTITUTE IN LA JOLLA, CA.

THE RESEARCHERS ARE PURSUING PROJECTS AIMED AT: DESIGNING AND REFINING VECTORS THAT CAN ACCURATELY TARGET THE CELLS THAT MAKE UP THE RESERVOIR AND REGIONS SUCH AS THE LYMPH NODES, WHERE THE RESERVOIR CELLS TEND TO BE CONCENTRATED; USING CAR T CELLS, WHICH HAVE SHOWN REMARKABLE PROMISE IN CLEARING SOME TYPES OF CANCER, AS A POTENTIAL MEANS OF KILLING HIV-INFECTED CELLS; AND EXPLORING THE POTENTIAL OF USING VIRAL AND NON-VIRAL DELIVERY MECHANISMS TO DELIVER EMERGING TYPES OF GENETIC SCISSORS THAT COULD CUT THE VIRUS OUT OF HUMAN DNA.

#### MATHILDE KRIM FELLOWSHIPS

IN OCTOBER 2016, AMFAR ANNOUNCED THE RECIPIENTS OF THE MATHILDE KRIM FELLOWSHIPS IN BASIC BIOMEDICAL RESEARCH, WHICH SUPPORT BRIGHT YOUNG SCIENTISTS SEEKING SOLUTIONS TO HIV/AIDS.

THE SIX KRIM FELLOWS - DR. AMY CHUNG OF THE UNIVERSITY OF MELBOURNE IN AUSTRALIA; DR. DANIELA FERA OF BOSTON CHILDREN'S HOSPITAL; DR. MARIT VAN GILS OF THE ACADEMIC MEDICAL CENTER OF THE UNIVERSITY OF AMSTERDAM IN THE NETHERLANDS; DRS. JUDD HULTQUIST AND ANAND PAI OF THE J. DAVID GLADSTONE

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INSTITUTES IN SAN FRANCISCO; AND DR. DANIEL ROSENBLOOM OF COLUMBIA UNIVERSITY IN NEW YORK - WERE EACH AWARDED APPROXIMATELY \$150,000 OVER TWO YEARS.

PROGRAM SERVICE ACCOMPLISHMENTS (1) CONT.

PUBLISHED RESEARCH

RESEARCH STUDIES MAKE THE GREATEST IMPACT ON THE HIV FIELD AND ON THE BROADER SCIENTIFIC COMMUNITY WHEN THEY ARE PUBLISHED IN SCIENTIFIC JOURNALS. IN FY2017, 52 SCIENTIFIC PUBLICATIONS RESULTED FROM AMFAR-FUNDED RESEARCH. EXAMPLES INCLUDE:

UNDERSTANDING EXACTLY HOW THE 'BERLIN PATIENT' WAS CURED

THE "BERLIN PATIENT" - TIMOTHY BROWN - REMAINS THE FIRST AND ONLY PERSON KNOWN TO HAVE BEEN CURED OF HIV. DIAGNOSED WITH LEUKEMIA, HE RECEIVED A STEM CELL TRANSPLANT FROM A DONOR WITH A RARE GENETIC MUTATION CONFERRING RESISTANCE TO HIV INFECTION. IN THE JULY 2017 ISSUE OF JAIDS, AMFAR-FUNDED SCIENTIST DR. SHARON LEWIN AND COLLEAGUES REPORTED ON THREE CASES OF HIV-INFECTED INDIVIDUALS WHO RECEIVED STEM CELL TRANSPLANTS FROM DONORS WITHOUT THE MUTATION. ALL THREE HAD UNDETECTABLE VIRAL LOADS ON ANTIRETROVIRAL THERAPY (ART) PRIOR TO THE TRANSPLANT AND WERE MAINTAINED ON ART POST-TRANSPLANT. THE NUMBER OF HIV ANTIBODIES DECREASED IN ALL OF THE PATIENTS, SUGGESTING THERE WAS LESS VIRUS. HOWEVER, IN BROWN'S CASE, THE ANTIBODIES DISAPPEARED COMPLETELY. ALL THREE ALSO HAD SUBSTANTIAL REDUCTIONS IN THE SIZE OF LATENT RESERVOIRS. THE CASES CONFIRM THE HIV RESERVOIR AND THE LIKELIHOOD THAT THE MUTATION PLAYED A MAJOR ROLE IN

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BROWN'S CURE.

INJECTION OF SPECIFIC ANTIBODIES MAY REDUCE HIV VIRAL LOAD

IN THE AUGUST 2017 ISSUE OF VIROLOGY, AMFAR-FUNDED SCIENTIST DR. DAN BAROUCHE OF THE CENTER FOR VIROLOGY AND VACCINE RESEARCH AT BETH ISRAEL DEACONESS MEDICAL CENTER IN BOSTON AND COLLEAGUES DETAILED THEIR EXPERIMENTS USING A PASSIVE IMMUNIZATION APPROACH - INJECTING ANTIBODIES DIRECTLY INTO THE PATIENT - TO EXPLORE THE POTENTIAL ROLE OF ANTIBODIES IN CURING HIV INFECTION. BAROUCHE AND ASSOCIATES TESTED TWO ANTIBODIES IN 18 MONKEYS INFECTED WITH SHIV, A COMBINATION OF HIV AND SIV (THE MONKEY FORM OF THE VIRUS). BOTH REDUCED THE VIRAL LOAD IN THE MONKEYS. THE RESEARCHERS ALSO FOUND SIGNIFICANTLY REDUCED LEVELS OF SHIV DNA IN THE BLOOD TWO WEEKS AFTER THE ANTIBODIES WERE ADMINISTERED; IN THE LYMPH NODES, SHIV DNA DROPPED MARKEDLY AFTER 10 WEEKS. THE AUTHORS CONCLUDED THAT PASSIVE IMMUNIZATION USING THESE ANTIBODIES COULD, UNDER THE RIGHT CONDITIONS, ERADICATE THE HIV RESERVOIR.

USING GROUNDBREAKING CAR-T CANCER THERAPY TO CURE HIV

HIV RESEARCH PLAYED A CRITICAL ROLE IN THE DEVELOPMENT OF KYMRIAH, THE FDA'S FIRST APPROVED GENE THERAPY TREATMENT FOR CANCER. THE CHIMERIC ANTIGEN RECEPTOR (CAR) THERAPY INVOLVES MODIFYING A PATIENT'S OWN T CELLS TO SEEK AND DESTROY CANCER CELLS. IN THE SEPTEMBER 2017 ISSUE OF THE JOURNAL TRANSLATIONAL RESEARCH, AMFAR-FUNDED SCIENTIST DR. SCOTT KITCHEN AND COLLEAGUES FROM THE UNIVERSITY OF CALIFORNIA, LOS ANGELES, NOTED THAT THE FIRST CAR T CELLS USED IN CLINICAL TRIALS WERE DESIGNED TO TREAT HIV.

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THE FOUNDATION FOR AIDS RESEARCH	13-3163817

HOWEVER, UNLIKE CANCER, HIV CAN ATTACK THE VERY CAR T CELLS ADMINISTERED TO FIGHT THE INFECTION. KITCHEN AND ASSOCIATES DISCUSSED SEVERAL NOVEL APPROACHES TO ENHANCE THE ACTIVITY OF ANTI-HIV CAR T CELLS AND TO PROTECT THEM AGAINST INFECTION, INCLUDING REMOVING, THROUGH GENETIC ENGINEERING, THE PRIMARY HIV CO-RECEPTOR CCR5, AND USING A COMBINATION APPROACH TO KILL INFECTED CELLS AND ELIMINATE LATENT HIV RESERVOIRS.

#### HIV CURE SUMMIT

IN DECEMBER 2016, AMFAR HELD ITS THIRD ANNUAL HIV CURE SUMMIT AT UCSF, WHERE THE AMFAR INSTITUTE FOR HIV CURE RESEARCH IS BASED. LEADING AMFAR-FUNDED CURE RESEARCHERS DETAILED THEIR PROGRESS AND DISCUSSED THE SCIENTIFIC CHALLENGES THAT CONTINUE TO STAND IN THE WAY OF A CURE.

DR. PETER HUNT REPORTED ON THE EFFORTS OF HIS TEAM TO CHART, OR PINPOINT, THE PRECISE LOCATIONS OF THE RESERVOIR USING A "FACIAL RECOGNITION SOFTWARE" KNOWN AS CYTOF. DR. WARNER GREENE DISCUSSED THE "SHOCK-AND-KILL" APPROACH TO ERADICATING HIV: FINDING AGENTS THAT CAN EFFECTIVELY "SHOCK" LATENT VIRUS OUT OF ITS HIDING PLACE SO THAT IT CAN BE "KILLED" BY THE IMMUNE SYSTEM OR INTERVENTIONS SUCH AS A THERAPEUTIC VACCINE OR BROADLY NEUTRALIZING ANTIBODIES.

DR. SATISH PILLAI TALKED ABOUT THE MULTIPLE CHALLENGES INHERENT IN DETERMINING EXACTLY HOW MUCH VIRUS IS IN THE PERSISTENT HIV RESERVOIR. HE AND HIS COLLEAGUES ARE DEVELOPING HIGHLY SENSITIVE TOOLS THAT ARE MORE EFFECTIVE AT IDENTIFYING TINY AMOUNTS OF RESIDUAL VIRUS. AND DR. STEVEN

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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DEEKS PROVIDED AN UPDATE ON HIS WORK TO TAKE THE EXPERIMENTAL INTERVENTIONS DEVELOPED BY INSTITUTE RESEARCHERS AND TEST THEM IN CLINICAL TRIALS.

#### HIV RESEARCH SUMMIT IN BRAZIL

IN A COMMUNITY EDUCATION INITIATIVE, AMFAR HOSTED AN HIV RESEARCH SUMMIT AT THE UNIVERSITY OF SÃO PAULO, BRAZIL, IN MARCH 2017, BRINGING TOGETHER 250 COMMUNITY MEMBERS, MEDICAL STUDENTS, HEALTHCARE PROFESSIONALS, AND REPRESENTATIVES FROM 10 SÃO PAULO-BASED NONGOVERNMENTAL ORGANIZATIONS. THE SUMMIT WAS HELD IN CONJUNCTION WITH THE ADVANCED COURSE ON HIV PATHOGENESIS AT THE UNIVERSITY'S SCHOOL OF MEDICINE.

SPEAKERS INCLUDED AMFAR VICE PRESIDENT AND DIRECTOR OF RESEARCH DR. ROWENA JOHNSTON; DR. MARIO STEVENSON, A PROFESSOR OF MEDICINE AT THE UNIVERSITY OF MIAMI'S MILLER SCHOOL OF MEDICINE; AND DR. ESPER KALLAS, AN INFECTIOUS DISEASE SPECIALIST AND A PROFESSOR AT THE UNIVERSITY OF SÃO PAULO SCHOOL OF MEDICINE.

#### 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 OCTOBER 2016, AMFAR HOSTED A THINK TANK IN LISBON, PORTUGAL, TITLED "PROGRESS REPORT: RESEARCH TOWARD A CURE FOR AIDS IN THE CONTEXT OF

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ICISTEM." ICISTEM IS A CONSORTIUM OF 17 EUROPEAN RESEARCHES THAT AIMS TO REPLICATE THE CASE OF "THE BERLIN PATIENT." IT WAS CREATED AND IS FUNDED BY AMFAR THROUGH ITS COUNTDOWN TO A CURE FOR AIDS INITIATIVE.

AMFAR HOSTED ANOTHER THINK TANK IN APRIL 2017 IN PALO ALTO, CA, ON STRATEGIES TO IDENTIFY LATENTLY INFECTED CELLS. THE RESEARCHERS DISCUSSED FINDING A BIOMARKER FOR THESE CELLS AS AN ALTERNATIVE APPROACH TO "SHOCK AND KILL." ONE OF THE BIGGEST CHALLENGES WITH THE "SHOCK-AND-KILL" STRATEGY IS THAT CURRENT DRUG REGIMENS DO NOT REAWAKEN ALL OF THE INFECTED CELLS.

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 TREATMENTS FOR HIV AND ITS CO-INFECTIONS 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 20 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. TREAT ASIA SCIENTISTS PRODUCED A RECORD 35 PUBLICATIONS IN PEER-REVIEWED MEDICAL JOURNALS IN 2017.

INTERNATIONAL AIDS DATABASE

TREAT ASIA MANAGES THE ASIA-PACIFIC SECTION OF THE INTERNATIONAL

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EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS (IEDEA), A GLOBAL COLLABORATION ESTABLISHED BY THE U.S. NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES. IN FY2017, THE IEDEA CONSORTIUM FUNDED THE SECOND YEAR OF STAY (STUDY OF TRANSITIONING ASIAN YOUTH), WHICH AIMS TO DOCUMENT THE EXPERIENCE OF HIV-INFECTED YOUNG ADULTS WHO ARE TRANSITIONING FROM PEDIATRIC TO ADULT CARE.

TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD)  
TREAT ASIA PIONEERED THE REGION'S FIRST ADULT OBSERVATIONAL DATABASE FOR HIV/AIDS, WHICH NOW INCLUDES ANONYMOUS DATA FROM APPROXIMATELY 9,200 PATIENTS AT 21 CLINICAL SITES IN 12 COUNTRIES. THE INFORMATION GATHERED IN THE DATABASE INFORMS THE DEVELOPMENT OF MORE EFFECTIVE RESEARCH AND TREATMENT PROGRAMS AND HELPS DEFINE TREATMENT STANDARDS SPECIFIC TO HIV/AIDS IN ASIA.

TAHOD LOW-INTENSITY TRANSFER (TAHOD-LITE)  
LAUNCHED IN 2014, TAHOD LOW-INTENSITY TRANSFER (TAHOD-LITE) CONTAINS DATA FROM OVER 37,000 HIV-POSITIVE PATIENTS ACROSS 10 TREAT ASIA NETWORK SITES. AS AN EXTENSION OF TAHOD, TAHOD-LITE AIMS TO INCREASE THE SCOPE OF ADULT DATA COLLECTION BY GATHERING A SUBSET OF CORE VARIABLES FROM THE ENTIRE COHORT OF HIV-INFECTED PATIENTS WHO HAVE SOUGHT CARE AT SELECTED TAHOD SITES.

TREAT ASIA PEDIATRIC HIV OBSERVATIONAL DATABASE (TAPHOD)  
THE TREAT ASIA PEDIATRIC HIV OBSERVATIONAL DATABASE (TAPHOD) IS A

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REGIONAL PEDIATRIC HIV STUDY SET UP BY TREAT ASIA IN 2006. IT WAS MODELED AFTER THE ADULT DATABASE AND INCLUDES DATA FROM MORE THAN 6,400 CHILDREN AND ADOLESCENTS AT 19 CLINICAL SITES IN CAMBODIA, INDIA, INDONESIA, MALAYSIA, THAILAND, AND VIETNAM.

#### ADDRESSING ADOLESCENT MENTAL HEALTH

IN JANUARY 2017, TREAT ASIA ORGANIZED A THINK TANK IN BANGKOK ON ADOLESCENT MENTAL HEALTH, BRINGING TOGETHER REGIONAL INVESTIGATORS AND YOUTH ADVOCATES FROM CAMBODIA, INDONESIA, MALAYSIA, THAILAND, AND VIETNAM TO DISCUSS HOW TO ADDRESS RESEARCH AND CLINICAL TRAINING GAPS. AS A RESULT OF THE DISCUSSION, TREAT ASIA IS EVALUATING THE PREVALENCE OF MENTAL HEALTH DISORDERS AMONG HIV-INFECTED ADOLESCENTS IN THE REGION AND DEVELOPING TRAININGS FOR PEDIATRIC HIV PROVIDERS ON MENTAL HEALTH MANAGEMENT.

#### PROGRAM SERVICE ACCOMPLISHMENTS (2) CONT.

IN JUNE 2017, TREAT ASIA HOSTED A TRAINING IN BANGKOK TO HELP CLINICIANS BETTER DIAGNOSE AND MANAGE MENTAL HEALTH DISORDERS IN ADOLESCENTS LIVING WITH HIV. THE WORKSHOP BROUGHT TOGETHER MORE THAN 30 CLINICAL AND MENTAL HEALTH PROFESSIONALS WHO WORK WITH HIV-POSITIVE YOUTH IN THAILAND, CAMBODIA, INDONESIA, AND MALAYSIA. THE TRAINING REVIEWED THE EPIDEMIOLOGY OF ADOLESCENT MENTAL HEALTH ISSUES, MENTAL HEALTH NEEDS AMONG YOUTH LIVING WITH HIV, PSYCHOPHARMACOLOGY, AND SUICIDE RISK ASSESSMENT TOOLS.

#### EMPOWERING YOUTH ADVOCATES

IN JUNE 2017, THE FIRST CLASS OF TREAT ASIA'S YOUTH ACATA-ASIA COMMUNITY

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FOR AIDS TREATMENT AND ADVOCACY-HELD ITS FINAL WORKSHOP IN BANGKOK, WHERE EIGHT YOUNG PEOPLE LIVING WITH HIV FROM CAMBODIA, INDONESIA, AND THAILAND GRADUATED FROM THE TWO-YEAR LEADERSHIP TRAINING PROGRAM. LAUNCHED IN 2015 WITH SUPPORT FROM VIVV HEALTHCARE'S POSITIVE ACTION FOR ADOLESCENTS PROGRAM, YOUTH ACATA AIMS TO EDUCATE PARTICIPANTS ABOUT HIV AND ANTIRETROVIRAL THERAPY AND CONNECT THEM TO OTHER HIV-POSITIVE YOUTH IN THE REGION.THE REGION.

HELPING ADOLESCENTS TRANSITION TO ADULT CARE

IN FY2017, TREAT ASIA CONTINUED WORKING TO HELP ADOLESCENTS LIVING WITH HIV TRANSITION TO ADULT CARE. WITH FUNDING FROM AIDS LIFE AUSTRIA, THE PROGRAM PROVIDED A GRANT TO THE CHILDREN AND YOUTH PROGRAM OF SEARCH (SOUTH EAST ASIA RESEARCH COLLABORATION ON HIV) AT THE THAI RED CROSS AIDS RESEARCH CENTRE IN BANGKOK TO IMPLEMENT A TRANSITION MODEL THAT FOCUSES ON ISSUES SUCH AS MOVING TO ADULT CARE, COPING WITH NEGATIVE EMOTIONS, TREATMENT, AND STIGMA.

ADVOCATING FOR CO-INFECTION TREATMENT ACCESS

IN JUNE 2017, TREAT ASIA HELD ITS ANNUAL REGIONAL ADVOCACY MEETING ON HEPATITIS C, HIV, AND TUBERCULOSIS TREATMENT IN BANGKOK, WITH CIVIL SOCIETY ORGANIZATIONS, CLINICAL CARE PROFESSIONALS, AND INTELLECTUAL PROPERTY EXPERTS. DURING THE YEAR, TREAT ASIA ALSO ATTENDED AND PRESENTED AT SEVERAL CONFERENCES ON HEPATITIS C TREATMENT ACCESS AND PARTNERED WITH CIVIL SOCIETY GROUPS AND FUNDERS ON ADVOCACY EFFORTS.

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## INTRODUCING PREP TO THE PHILIPPINES

IN JULY 2017, ENROLLMENT BEGAN FOR A TWO-YEAR PILOT PROJECT THAT INTRODUCES ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS (PREP) TO THE PHILIPPINES IN AN EFFORT TO CURB THE RAPID SPREAD OF HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER INDIVIDUALS. THE PROJECT, KNOWN AS PREPPY (PREP PILIPINAS), WILL EVALUATE COMMUNITY-BASED, PEER-DRIVEN DELIVERY OF PREP AT TWO CLINICS IN MANILA. AMFAR IS AMONG SEVERAL ORGANIZATIONS INVOLVED IN PROJECT PREPPY, A MULTIAGENCY COLLABORATION WITH EXPERTS FROM GOVERNMENT, ACADEMIA, AND MULTILATERAL AND NONGOVERNMENTAL ORGANIZATIONS.

## PUBLICATIONS

IN NOVEMBER 2016, TREAT ASIA, IN CONJUNCTION WITH AMFAR'S PUBLIC POLICY OFFICE, PRODUCED A REPORT TITLED CERVICAL CANCER, HUMAN PAPILLOMAVIRUS (HPV), AND HPV VACCINES IN SOUTHEAST ASIA: KEY CONSIDERATIONS FOR EXPANDING VACCINE COVERAGE AND IMPROVING POPULATION HEALTH. THE REPORT DOCUMENTS THE SLOW UPTAKE OF HPV VACCINATION IN THE REGION AND GIVES RECOMMENDATIONS FOR INCREASING USE OF THE VACCINE.

IN MARCH 2017, TREAT ASIA PRODUCED THE FACT SHEET PREP ACCEPTABILITY AMONG FEMALE SEX WORKERS IN THAILAND: KEY RESEARCH FINDINGS BASED ON A STUDY JOINTLY CONDUCTED BY THE INSTITUTE FOR POPULATION AND SOCIAL RESEARCH AT MAHIDOL UNIVERSITY IN BANGKOK, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH IN BALTIMORE, AND THE COMMUNITY-BASED ORGANIZATION SERVICE WORKERS IN GROUP (SWING) FOUNDATION. HIV PREVALENCE AMONG THAI

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FEMALE SEX WORKERS IS SIGNIFICANTLY HIGHER THAN IN THE GENERAL POPULATION, AND ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS (PREP) MAY HELP REDUCE INFECTION RATES.

IN SEPTEMBER 2017, TREAT ASIA CREATED THE FIRST IN A SERIES OF INFOGRAPHICS TITLED WHY HAS ASIA FALLEN BEHIND ON HIV/AIDS? TO ILLUSTRATE THE STAGNATION IN HIV PROGRAM COVERAGE IN THE ASIA-PACIFIC. THE STAGNATION IS A REMINDER TO GOVERNMENTS, CIVIL SOCIETY, AND DONORS THAT MUCH MORE NEEDS TO BE DONE TO BRING HIV/AIDS UNDER CONTROL IN THE REGION.

IN ADDITION, TREAT ASIA CONTINUED TO PUBLISH LAY-LANGUAGE ARTICLES ON HIV/AIDS RESEARCH, POLICY, AND COMMUNITY ISSUES FACING 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.

#### 16TH ANNUAL NETWORK MEETING

THE 2016 TREAT ASIA ANNUAL NETWORK MEETING WAS HELD IN OCTOBER 2016 IN HANOI, VIETNAM, WHERE MORE THAN 120 ADULT AND PEDIATRIC INVESTIGATORS, DONORS, AND PROGRAM PARTNERS GATHERED TO REVIEW PROGRESS ON THE NETWORK'S RESEARCH AGENDA, HEAR ABOUT REGIONAL HIV-RELATED POLICY PRIORITIES, AND PLAN FOR FUTURE INITIATIVES.

THE MEETING INCLUDED SPECIAL PRESENTATIONS ON A WIDE RANGE OF PROJECTS INCLUDING:

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- A PILOT PROGRAM INTRODUCING PRE-EXPOSURE PROPHYLAXIS (PREP) TO MEN WHO HAVE SEX WITH MEN AND TRANSGENDER INDIVIDUALS, A STUDY SUPPORTED BY AMFAR AND PRESENTED BY DR. ROSSANA DITANGCO OF THE RESEARCH INSTITUTE FOR TROPICAL MEDICINE IN THE PHILIPPINES;

- RESEARCH AND POLICY INITIATIVES TO FIGHT HIV, HEPATITIS C, AND SEXUALLY TRANSMITTED INFECTIONS IN THE ASIA-PACIFIC, PRESENTED BY DR. YING-RU LO OF THE WORLD HEALTH ORGANIZATION'S WESTERN PACIFIC REGIONAL OFFICE; AND

- TREAT ASIA/INTERNATIONAL EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS (IEDEA) ASIA-PACIFIC RESEARCH, PRESENTED BY DR. CAROLYN WILLIAMS OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES.

#### OTHER CONFERENCES

TREAT ASIA STAFF AND NETWORK INVESTIGATORS ATTENDED AND PRESENTED AT SEVERAL REGIONAL AND INTERNATIONAL CONFERENCES ON HIV-RELATED ISSUES.

#### EXAMPLES INCLUDE:

##### IAS 2017

TREAT ASIA HAD A STRONG PRESENCE AT THE 9TH INTERNATIONAL AIDS SOCIETY CONFERENCE ON HIV SCIENCE IN PARIS IN JULY. DR. NITTAYA PHANUPHAK OF THE THAI RED CROSS AIDS RESEARCH CENTRE IN BANGKOK WAS ON THE EPIDEMIOLOGY AND PREVENTION RESEARCH PLANNING COMMITTEE, WHILE DR. ADEEBA KAMARULZAMAN OF THE UNIVERSITY OF MALAYA SERVED ON THE IMPLEMENTATION RESEARCH PLANNING COMMITTEE. IN ADDITION, DRS. KAMARULZAMAN, ANCHALEE AVIHINGSANON OF THE THAI RED CROSS AIDS RESEARCH CENTRE, AND ANETTE SOHN, DIRECTOR OF TREAT ASIA, CO-CHAIRLED VARIOUS SESSIONS AND FACILITATED WORKSHOPS. SEVEN

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TREAT ASIA GRANTEES MADE PRESENTATIONS.

APACC

TREAT ASIA WAS ALSO WELL REPRESENTED AT THE SECOND ASIA PACIFIC AIDS & CO-INFECTIONS CONFERENCE (APACC), HELD JUNE 1-3, 2017, IN HONG KONG.

APACC IS A REGIONAL-LEVEL HIV RESEARCH CONFERENCE THAT PROVIDES OPPORTUNITIES FOR LOCAL CLINICIANS, STUDENTS, AND RESEARCHERS TO SUBMIT ABSTRACTS FOR PRESENTATION. THE CO-CHAIRS INCLUDED TREAT ASIA DIRECTOR DR. ANNETTE SOHN AND CURRENT AND FORMER TREAT ASIA NETWORK INVESTIGATORS DRS. PATRICK CHUNG-KI LI, FORMERLY OF QUEEN ELIZABETH HOSPITAL IN HONG KONG, AND ADEEBA KAMARULZAMAN.

PROGRAM SERVICE ACCOMPLISHMENTS (3)

LINE 4C: PUBLIC INFORMATION: AMFAR SEEKS TO TRANSLATE AND DISSEMINATE INFORMATION ON IMPORTANT HIV-RELATED RESEARCH, TREATMENT, PREVENTION, AND POLICY ISSUES FOR DIVERSE AUDIENCES AND TO INCREASE AWARENESS AND KNOWLEDGE OF THE PANDEMIC. AMFAR 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 HIV.

EDUCATIONAL MATERIALS

AMFAR PRODUCES A RANGE OF PERIODICALS IN BOTH PRINT AND ELECTRONIC FORMATS, INCLUDING ITS NEWSLETTER INNOVATIONS, PUBLISHED TWICE A YEAR AND

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DISTRIBUTED TO MORE THAN 40,000 PEOPLE; THE TREAT ASIA REPORT, AN EMAIL 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 70,000 PEOPLE. THE FOUNDATION'S WEBSITES - WWW.AMFAR.ORG AND WWW.CURECOUNTDOWN.ORG - FEATURE NEWS, INTERVIEWS, AND ORIGINAL ARTICLES COVERING HIV RESEARCH, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVITIES. THE WEBSITES ATTRACT A COMBINED AVERAGE OF 45,000 VISITORS PER MONTH.

AMFAR ALSO CREATES AND DISTRIBUTES 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 PUBLIC.

#### EPIC VOICES

IN JUNE 2017, AMFAR LAUNCHED EPIC VOICES, AN ONLINE VIDEO SERIES THAT AIMS TO REENERGIZE THE RESPONSE TO HIV AMONG MILLENNIAL AND LGBTQ COMMUNITIES. THE GOALS OF THE CAMPAIGN ARE TO: RENEW AWARENESS OF THE PERSISTENT THREAT OF HIV, UNDERSCORE THE URGENT NEED TO SUPPORT HIV RESEARCH, AND SUPPORT AMFAR'S LEADERSHIP IN THE SEARCH FOR A CURE. AMFAR SPOKE TO HIV ACTIVISTS ACROSS THE COUNTRY AND ASKED THEM TO SHARE THEIR UNIQUE JOURNEYS, THEIR INSIGHTS ON LIVING WITH HIV, AND THE BOLD STEPS THEY HAVE TAKEN IN THE FIGHT AGAINST THE EPIDEMIC.

PROGRAM SERVICE ACCOMPLISHMENTS (3) CONT.

SOCIAL MEDIA

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AMFAR HAS 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 74,000 LIKES ON FACEBOOK, 43,000 TWITTER FOLLOWERS, AND MORE THAN 130,000 INSTAGRAM FOLLOWERS.

#### MEDIA OUTREACH

IN FY2017, 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 HIV - RELATED PRESS COVERAGE. ARTICLES AND REPORTS INVOLVING AMFAR - MANY OF WHICH INCLUDED INTERVIEWS WITH STAFF - WERE CARRIED IN NUMEROUS MEDIA OUTLETS, INCLUDING THE NEW YORK TIMES, THE WASHINGTON POST, THE CHICAGO TRIBUNE, THE HILL, POLITICO, NBC NEWS, CBS NEWS, CNBC, U.S. NEWS & WORLD REPORT, REUTERS, EBONY, AND HUFFPOST.

#### 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.

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OTHER CELEBRITY SUPPORTERS INCLUDED AMFAR AMBASSADORS MILLA JOVOVICH, MICHELLE YEOH, CHEYENNE JACKSON, AND LIZA MINNELLI, CHARLIZE THERON, ADRIEN BRODY, JESSICA CHASTAIN, MATT BOMER, DITA VON TEESE, GWYNETH PALTROW, DIANA ROSS, CHIARA FERRAGNI, DIANE KRUGER, IMAN, KATIE HOLMES, UMA THURMAN, KATE MOSS, ZAC POSEN, ZOE SALDANA, TOBEY MAGUIRE, DAME HELEN MIRREN, LEA MICHELE, MICHELLE RODRIGUEZ, WILL SMITH, NICOLE KIDMAN, NAOMI CAMPBELL, HEIDI KLUM, JON HAMM, EVA LONGORIA, LEONARDO DICAPRIO, ROBERT DE NIRO, NICKI MINAJ, ANDREA BOCELLI, DEAN AND DAN CATEN, CHRIS TUCKER, JENNIFER GARNER, SCARLETT JOHANSSON, DONATELLA VERSACE, VICTORIA JUSTICE, AND CARINE ROITFELD.AND CARINE ROITFELD.

#### PROGRAM SERVICE ACCOMPLISHMENTS (4)

##### LINE 4D: THE GMT INITIATIVE:

##### IMPLEMENTATION SCIENCE AWARDS

IN FY2017, AMFAR'S GRANT MAKING THROUGH THE GMT INITIATIVE SUPPORTED A TRIO OF LARGE IMPLEMENTATION SCIENCE PROJECTS AIMED AT IDENTIFYING BARRIERS TO HIV TESTING, TREATMENT, AND CARE AND STUDYING THE IMPACT OF INNOVATIVE HIV SERVICE DELIVERY MODELS FOR GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN, AND TRANSGENDER INDIVIDUALS (COLLECTIVELY, GMT) IN LOW- AND MIDDLE-INCOME COUNTRIES. AMFAR HAS AWARDED \$2.6 MILLION OVER THREE YEARS TO SUPPORT THE STUDIES.

DR. CHRIS BEYRER OF JOHNS HOPKINS UNIVERSITY IN BALTIMORE IS LEADING A TEAM OF RESEARCHERS AND COMMUNITY-BASED SERVICES (IN COLLABORATION WITH

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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 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, 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, 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

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ASSOCIATION OF THAILAND), THE TEAM IS 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.

#### PUBLICATIONS

IN DECEMBER 2016, AMFAR AND THE UNIVERSITY OF PITTSBURGH PRODUCED A  
SUPPLEMENT TO THE JOURNAL AIDS AND BEHAVIOR DEVOTED TO THE HIV SCHOLARS  
PROGRAM AT THE UNIVERSITY'S CENTER FOR LGBT HEALTH RESEARCH. THE  
AMFAR-FUNDED PROGRAM HAS SUPPORTED RESEARCH TRAINING FOR 16 YOUNG  
INVESTIGATORS FROM LOW- AND MIDDLE-INCOME COUNTRIES, AS WELL AS THEIR  
INDIVIDUAL RESEARCH PROJECTS FOCUSED ON HIV AND AIDS AMONG GMT. SCHOLARS  
HAVE COME FROM A WIDE RANGE OF COUNTRIES, INCLUDING PAKISTAN, CHINA,  
SOUTH AFRICA, LEBANON, AND BELIZE, AMONG OTHERS.

#### PROGRAM SERVICE ACCOMPLISHMENTS (5)

##### LINE 4D: PUBLIC POLICY:

INFORMED BY THOROUGH RESEARCH AND ANALYSIS, AMFAR IS A HIGHLY RESPECTED  
ADVOCATE OF RATIONAL AND COMPASSIONATE HIV/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.

#### ENDING THE DOMESTIC HIV EPIDEMIC

IN OCTOBER 2016, AMFAR PUBLISHED A REPORT THAT RECOMMENDS SEVERAL

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MEASURES HEALTH PLANS AND HEALTHCARE PURCHASERS, INCLUDING MEDICARE AND MEDICAID PROGRAMS AND PRIVATE INSURERS, CAN TAKE TO HELP END THE DOMESTIC HIV EPIDEMIC. CURBING THE HIV EPIDEMIC BY SUPPORTING EFFECTIVE ENGAGEMENT IN HIV CARE: RECOMMENDATIONS FOR HEALTH PLANS AND HEALTH CARE PURCHASERS OUTLINES ACTIONABLE STEPS TO IMPROVE HEALTH OUTCOMES, REDUCE UNNECESSARY SPENDING, AND CONTRIBUTE TO THE DEVELOPMENT OF MORE INTEGRATED SYSTEMS OF CARE FOR PEOPLE LIVING WITH HIV.

IN NOVEMBER 2016, AMFAR, IN CONJUNCTION WITH TREATMENT ACTION GROUP, PUBLISHED A REPORT IN THE JOURNAL OF THE INTERNATIONAL AIDS SOCIETY PROPOSING A CONCEPTUAL FRAMEWORK FOR AN INTEGRATED PRIMARY AND SECONDARY HIV PREVENTION CONTINUUM FOR THE UNITED STATES. THE MODEL IS BASED ON THE WIDELY USED HIV CARE CONTINUUM, WHICH TRACKS THE PERCENTAGE OF THE POPULATION LIVING WITH HIV WHO ARE DIAGNOSED, TREATED, AND ULTIMATELY VIRALLY SUPPRESSED, AND FOCUSES ON THE REDUCTION OF HIV ACQUISITION THROUGH ENGAGEMENT IN HIV PREVENTION SERVICES.

#### CAPITOL HILL BRIEFING

IN JUNE 2017, GOVERNMENT OFFICIALS, SCIENTISTS, AND PUBLIC HEALTH LEADERS CONVENED AT THE AMFAR CAPITOL HILL CONFERENCE, "MAKING AIDS HISTORY: A ROADMAP FOR ENDING THE EPIDEMIC." THE CONFERENCE HIGHLIGHTED THE LATEST ADVANCES IN HIV PREVENTION, TREATMENT, AND RESEARCH AND ADDRESSED THE CHALLENGES THAT REMAIN IN ERADICATING THE VIRUS. SPEAKERS AND PANELISTS DISCUSSED THE NATIONAL SECURITY IMPLICATIONS OF EPIDEMICS, THE ECONOMIC AND HEALTH IMPACT OF AGING WITH HIV, AND THE OPIOID CRISIS AND ITS

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RELATIONSHIP TO HIV AND OTHER INFECTIOUS DISEASES.

#### HIV AND THE OPIOID EPIDEMIC

IN JUNE 2017, AMFAR LAUNCHED A COMPREHENSIVE ONLINE DATABASE TO HELP COMMUNITIES, POLICYMAKERS, AND ADVOCATES EFFECTIVELY RESPOND TO THE OPIOID EPIDEMIC. THE OPIOID & HEALTH INDICATORS DATABASE PROVIDES LOCAL AND NATIONAL STATISTICS ON HIV AND HEPATITIS C INFECTIONS, OPIOID USE, OVERDOSE DEATH RATES, AND THE AVAILABILITY OF SERVICES SUCH AS DRUG TREATMENT AND SYRINGE SERVICES PROGRAMS.

AMFAR ALSO PUBLISHED AN ISSUE BRIEF OUTLINING THE CASE FOR SUPERVISED CONSUMPTION SERVICES (SCS), WHICH PROVIDE A HYGIENIC SPACE FOR PEOPLE TO USE ILLICIT DRUGS UNDER THE SUPERVISION OF TRAINED STAFF. THE FACILITIES ARE DESIGNED TO REDUCE THE RISK OF HIV/HEPATITIS C TRANSMISSION, PREVENT OVERDOSE FATALITIES, AND PROVIDE A BRIDGE TO TREATMENT AND OTHER SOCIAL SERVICES. SCS HAVE BEEN SHOWN TO LOWER RATES OF SYRINGE SHARING, REDUCE PUBLIC INJECTING, AND PROMOTE SAFER AND MORE HYGIENIC DRUG USE.

#### GLOBAL HEALTH

IN JANUARY 2017, AMFAR PUBLISHED A REPORT ARGUING THAT A CURE ALONE WILL NOT END THE HIV EPIDEMIC, AND THAT ONLY WITH A COORDINATED AND ENDURING COMMITMENT CAN ANY DISEASE BE CONTROLLED. USING TUBERCULOSIS AND MALARIA AS EXAMPLES, HOW CURES CAN FAIL SHOWS THAT GLOBAL EFFORTS TO ERADICATE WIDESPREAD DISEASES CAN FAIL EVEN WHEN EFFECTIVE CURES ARE AVAILABLE. DESPITE TUBERCULOSIS AND MALARIA BEING PREVENTABLE AND CURABLE, TWO

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MILLION PEOPLE DIE EVERY YEAR FROM THESE DISEASES.

IN JUNE 2017, AMFAR PUBLISHED DERAILING PROGRESS: THE HUMAN IMPACT OF THE U.S. FY2018 GLOBAL HEALTH BUDGET, AN INFOGRAPHIC SHOWING THE IMPACT OF \$800 MILLION IN PROPOSED CUTS TO THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) AND USAID IN FISCAL YEAR 2018, A 17% DECREASE. SUCH A SUBSTANTIAL DECREASE COULD CAUSE MORE THAN 1 MILLION HIV TREATMENT DISRUPTIONS FOR BOTH CHILDREN AND ADULTS, NEW HIV INFECTIONS, AND 146,000 PREVENTABLE AIDS-RELATED DEATHS.

IN AUGUST 2017, AMFAR PUBLISHED AN ANALYSIS REVEALING THAT NATIONAL STRATEGIC PLANS (NSPS) ON HIV/AIDS FOR COUNTRIES IN SUB-SAHARAN AFRICA DO NOT CONSISTENTLY DISAGGREGATE HIV TARGETS BY SEX, OR CREATE TARGETS DESIGNED TO ADVANCE GENDER EQUALITY. NSPS ARE PLANNING DOCUMENTS THAT SET PRIORITIES AND TARGETS FOR A COUNTRY'S RESPONSE TO THE HIV EPIDEMIC. THE REPORT WAS PUBLISHED IN THE JOURNAL HEALTH POLICY AND PLANNING.

AMFAR ALSO PUBLISHED AN ISSUE BRIEF OUTLINING THE POTENTIAL IMPACT OF THE MEXICO CITY POLICY (MCP) ON GLOBAL AIDS FUNDING. MCP HAS HISTORICALLY PROHIBITED U.S. FAMILY PLANNING FUNDING FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS PERFORMING OR PROMOTING ABORTION. PRESIDENT REAGAN INTRODUCED THE MEASURE IN 1984 AND IT HAS GONE BACK AND FORTH EVER SINCE. AFTER BEING REPEALED BY PRESIDENT OBAMA, THE POLICY HAS BEEN REVIVED AND EXPANDED BY THE TRUMP ADMINISTRATION.

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IAS 2017

AMFAR'S PUBLIC POLICY OFFICE PARTICIPATED IN THE 9TH INTERNATIONAL AIDS SOCIETY CONFERENCE ON HIV SCIENCE (IAS 2017) IN PARIS IN JULY.

THE OFFICE CO-SPONSORED A TWO-HOUR SATELLITE SESSION, WITH FHI 360/LINKAGES, USAID, AND THE CDC, TITLED "BETTER DATA, BETTER PROGRAMMES: HOW IMPLEMENTATION SCIENCE IS TRANSFORMING THE HIV RESPONSE FOR KEY POPULATION." THE SEMINAR FEATURED TWO AMFAR-FUNDED STUDIES: "GENDER-AFFIRMATIVE TRANSGENDER CARE TO IMPROVE THE HIV TREATMENT CASCADE" BY DR. JAVIER LAMA OF ASOCIACION CIVIL IMPACTA SALUD Y EDUCACION (IMPACTA) IN LIMA, PERU AND "COMMUNITY-BASED AND ONLINE STRATEGIES FOR TESTING, TREATMENT AND PREP AMONG MSM AND TRANSGENDER PERSONS IN THAILAND" BY DR. NITTAYA PHANUPHAK OF THE THAI RED CROSS AIDS RESEARCH CENTRE IN BANKOK.

ALSO AT THE CONFERENCE, AMFAR POLICY ASSOCIATE JENNIFER SHERWOOD PRESENTED A POSTER TITLED "HIV RISK FACTORS AND ASSOCIATED HEALTH OUTCOMES AMONG SEXUAL MINORITY WOMEN IN THE THE UNITED STATES. "HER COLLEAGUE, POLICY ASSOCIATE ALANA SHARP, PRESENTED TWO POSTERS: "QUALITY ASSESSMENT OF NATIONAL STRATEGIC PLAN TARGETS" AND "GLOBAL FUND FUNDING TRANSITION READINESS IN THE MIDDLE-INCOME COUNTRIES".

IN THE NEWS

IN MARCH 2017, AMFAR SENIOR POLICY AND MEDICAL ADVISOR DR. SUSAN BLUMENTHAL PENNED AN OP-ED FOR NATIONAL WOMEN AND GIRLS HIV/AIDS

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AWARENESS DAY WARNING OF THE IMPLICATIONS OF REPEALING THE AFFORDABLE CARE ACT AND LIMITING ACCESS TO HEALTHCARE. SHE WROTE THAT SUCH ACTION COULD RESULT IN A POTENTIAL RESURGENCE OF HIV INFECTION IN THE U.S., JEOPARDIZE THE LIVES OF PEOPLE WITH HIV, AND REVERSE THE STRIDES THAT HAVE BEEN MADE TO EFFECTIVELY PREVENT AND TREAT THE DISEASE. THE OP-ED WAS PUBLISHED ON THE ADVOCATE AND HUFFPOST.

IN JUNE 2017, GREG MILLETT, AMFAR'S VICE PRESIDENT AND DIRECTOR OF PUBLIC POLICY, WAS WIDELY QUOTED IN A NEW YORK TIMES MAGAZINE ARTICLE TITLED "AMERICA'S HIDDEN H.I.V. EPIDEMIC: WHY DO AMERICA'S BLACK GAY AND BISEXUAL MEN HAVE A HIGHER H.I.V. RATE THAN ANY COUNTRY IN THE WORLD?" THE PIECE FOCUSED ON JACKSON, MS, WHICH HAS THE NATION'S HIGHEST RATE OF GAY AND BISEXUAL MEN (40%) LIVING WITH HIV.

ALSO IN JUNE, AMFAR POLICY ASSOCIATE ALANA SHARP AND DR. RAHUL GUPTA, PUBLIC HEALTH COMMISSIONER AND STATE HEALTH OFFICER FOR WEST VIRGINIA, PUBLISHED AN OPINION PIECE IN THE HILL ON THE IMPACT OF PROPOSED CUTS TO THE CDC AND MEDICAID ON EFFORTS TO COMBAT THE OPIOID EPIDEMIC. WEST VIRGINIA HAS THE HIGHEST DRUG-RELATED DEATH RATE IN THE COUNTRY. IN ADDITION, A 2016 CDC ASSESSMENT FOUND THAT 50% OF THE STATE WAS AT HIGH RISK FOR HIV AND HEPATITIS C OUTBREAKS CAUSED BY THE SHARING OF NEEDLES.

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

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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

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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 &amp; 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 REASONS. 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.

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

THE FOUNDATION FOR AIDS RESEARCH IS AN INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN NEW YORK IN 1989. AMFAR WAS FORMED THROUGH THE UNIFICATION IN 1985 OF TWO NOT-FOR-PROFIT ORGANIZATIONS, THE AIDS MEDICAL FOUNDATION ("AMF"), INCORPORATED IN NEW YORK IN APRIL 1983, AND THE NATIONAL AIDS RESEARCH FOUNDATION, INCORPORATED

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THE FOUNDATION FOR AIDS RESEARCH	13-3163817

ATTACHMENT 1 (CONT'D)

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

IN CALIFORNIA IN AUGUST 1985. FIRST BASED IN CALIFORNIA, AMFAR TRANSFERRED ITS LEGAL DOMICILE TO NEW YORK IN 1989, USING THE INITIAL INCORPORATION DOCUMENTS OF AMF, MAKING IT AMF'S LEGAL SUCCESSOR. AMFAR HAS OFFICES IN NEW YORK, NY, WASHINGTON, D.C., AND BANGKOK, THAILAND. ON MARCH 7, 2005, THE BOARD OF TRUSTEES OF THE AMERICAN FOUNDATION FOR AIDS RESEARCH APPROVED A CHANGE IN LEGAL NAME TO "THE 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

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ATTACHMENT 1 (CONT'D)

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

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.

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PUBLIC POLICY	217,869.	2,202,676.	0.
GMT INITIATIVE	741,367.	1,260,903.	0.
TOTALS	959,236.	3,463,579.	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,  
MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AAB PRODUCTION, INC. 64 ALLEN STREET, 5TH FLOOR NEW YORK, NY 10002	EVENTS PRODUCTION	512,500.
JOSH WOODS PRODUCTION 39 WEST 14TH STREET, SUITE 504 NEW YORK, NY 10011	EVENTS PRODUCTION	394,500.

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EIDOLON COMMUNICATIONS, INC. 15 MAIDEN LANE, SUITE 1401 NEW YORK, NY 10038	DIRECT MAIL/CONSULT.	313,319.
KING + COMPANY 101 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10003	PUBLIC RELATIONS	226,601.
CLARKEBOT, INC. 33 FAIRVIEW TERRACE MAPLEWOOD, NJ 07040	ART & GRAPHIC DESIGN	148,788.