

# Return of Organization Exempt From Income Tax

**2012**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** 10/01, 2012, and ending 09/30, 2013

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE FOUNDATION FOR AIDS RESEARCH Doing Business As AMFAR	<b>D Employer identification number</b> 13-3163817
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 WALL STREET 13TH FLOOR	<b>E Telephone number</b> (212) 806-1600
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10005-3908	<b>G Gross receipts \$</b> 50,139,259.
	<b>F Name and address of principal officer:</b> KEVIN FROST 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J Website:</b> ▶ WWW.AMFAR.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1983	<b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	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	20.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	91.
	6	Total number of volunteers (estimate if necessary)	6	168.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	33,247,849.	38,582,579.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,178,972.	980,398.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,234,513.	-9,648,345.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,192,308.	29,914,632.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,086,344.	7,997,283.
	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)	8,864,151.	9,333,804.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	491,117.	470,337.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,996,086.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,261,191.	11,457,241.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,702,803.	29,258,665.
19	Revenue less expenses. Subtract line 18 from line 12	-1,510,495.	655,967.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	40,388,195.	50,024,337.
	21	Total liabilities (Part X, line 26)	9,636,091.	18,892,314.
	22	Net assets or fund balances. Subtract line 21 from line 20.	30,752,104.	31,132,023.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date 6/19/2014			
	Type or print name and title <b>Bradley Jensen, CFO &amp; Asst Treasurer</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Scott Thompsett	Preparer's signature 	Date 6/19/2014	Check if self-employed <input type="checkbox"/>	PTIN P00741790
	Firm's name ▶ GRANT THORNTON LLP	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057		EIN ▶ 36-6055558	Phone no. ▶ 212-599-0100
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2012)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 8,102,469. including grants of \$ 4,075,650. ) (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 NATIONAL INSTITUTES OF HEALTH. FOR FURTHER DETAILS, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 6,010,188. including grants of \$ 2,581,709. ) (Revenue \$ 0 )

TREAT ASIA: AMFAR'S TREAT ASIA PROGRAM (THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING IN ASIA) INVOLVES A NETWORK OF HOSPITALS, CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV/AIDS TREATMENTS ACROSS ASIA AND THE PACIFIC. THE TREAT ASIA NETWORK ENCOMPASSES 22 ADULT AND 20 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. FOR FURTHER DETAILS, SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 3,426,418. including grants of \$ 0 ) (Revenue \$ 0 )

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

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 4,403,621. including grants of \$ 1,339,924. ) (Revenue \$ 0 )

4e Total program service expenses 21,942,696.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (governance decisions), 8 (documentation), 8a (governing body), 8b (committees), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies), 11a (Form 990 distribution), 11b (review process), 12a (conflict of interest), 12b (disclosure requirements), 12c (policy enforcement), 13 (whistleblower), 14 (document retention), 15 (compensation review), 15a (CEO), 15b (other officers), 16a (joint ventures), 16b (policy for joint ventures).

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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BRADLEY JENSEN 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005-3908 212-806-1703

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) T. RYAN GREENAWALT TRUSTEE	1.00	X					0	0	0	
( 16) REGAN HOFMANN TRUSTEE	1.00	X					0	0	0	
( 17) MICHAEL J. KLINGENSMITH TRUSTEE	1.00	X					0	0	0	
( 18) MICHELE V. MCNEILL, PHARM.D. TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
( 19) EDWARD MILSTEIN TRUSTEE	1.00	X					0	0	0	
( 20) CINDY RACHOFSKY TRUSTEE	1.00	X					0	0	0	
( 21) VINCENT A. ROBERTI TRUSTEE	1.00	X					0	0	0	
( 22) BILL ROEDY TRUSTEE	1.00	X					0	0	0	
( 23) ALAN D. SCHWARTZ TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
( 24) DIANA L. TAYLOR TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
( 25) KEVIN WENDLE TRUSTEE (NON-VOTING)	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							2,623,518.	0	448,234.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,623,518.	0	448,234.	

**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 **▶** 19

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 6



**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 MCCLATCHY TRUSTEE	1.00	X					0	0	0	
27) RAYMOND F. SCHINAZI, PH.D. TRUSTEE	1.00	X					0	0	0	
28) KEVIN FROST CHIEF EXECUTIVE OFFICER	40.00			X			385,700.	0	98,183.	
29) BRADLEY JENSEN ASST TREASURER, CFO	40.00			X			217,845.	0	46,789.	
30) JOHN F. LOGAN, J.D. PH.D. ASST SECRETARY, VP & GC	40.00			X			203,482.	0	24,532.	
31) ROWENA JOHNSTON ASST SECRETARY, VP OF RESEARCH	40.00			X			166,901.	0	21,937.	
32) EDWARD DONNELLY ASST TREASURER, CONTROLLER	40.00			X			133,796.	0	18,839.	
33) GREGORY L. BOROFF VICE PRESIDENT OF DEVELOPMENT	40.00					X	228,217.	0	26,419.	
34) CHRISTOPHER COLLINS VICE PRESIDENT, PUBLIC POLICY	40.00					X	192,518.	0	32,356.	
35) ANNETTE SOHN VICE PRESIDENT, TREAT ASIA	40.00					X	200,613.	0	19,635.	
36) ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO	40.00					X	194,344.	0	23,872.	
<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 **▶** 19

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

**Section B. Independent Contractors**

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

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

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

**Part 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			
( 37) ERIC MUSCATELL DIRECTOR, PHILANTHROPY	40.00					X		157,089.	0	21,477.
( 38) ANDREW MCINNES DIRECTOR, PUBLICATIONS	40.00					X		134,850.	0	41,195.
( 39) ANTHONY ANCONA VICE PRESIDENT, HUMAN RESOURCE	40.00					X		155,133.	0	14,211.
( 40) SUSAN DOSTER CHIEF TECHNOLOGY OFFICER	40.00					X		132,775.	0	19,478.
( 41) BENNAH SERFATY SENIOR DIR. OF COMMUNICATIONS	40.00					X		120,255.	0	39,311.
<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 ► 19

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 461,323.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 26,085,758.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b> 4,641,815.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 7,393,683.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	104,103.					
	<b>h Total.</b> Add lines 1a-1f . . . . .		38,582,579.				
	<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		708,016.			708,016.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .		0				
	<b>5</b> Royalties . . . . .		47,277.			47,277.	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		9,227,075.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		8,954,693.					
	<b>c</b> Gain or (loss) . . . . .			272,382.			
	<b>d</b> Net gain or (loss) . . . . .			272,382.		272,382.	
	<b>8a</b> Gross income from fundraising events (not including \$ 26,085,758. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 1,357,200.					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> 11,216,365.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-9,859,165.		-9,859,165.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 103,590.						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 53,569.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			157,159.		157,159.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> LIST RENTALS	900099		5,477.			5,477.	
<b>b</b> MISCELLANEOUS INCOME	900099		907.			907.	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			6,384.				
<b>12 Total revenue.</b> See instructions . . . . .			29,914,632.			-8,667,947.	

**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 to any question in this Part IX  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	3,633,934.	3,633,934.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	4,363,349.	4,363,349.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,291,708.	1,514,295.	441,710.	335,703.
<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 . . . . .	5,216,798.	3,553,662.	392,009.	1,271,127.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	296,141.	199,278.	23,426.	73,437.
<b>9</b> Other employee benefits . . . . .	1,048,235.	668,360.	133,335.	246,540.
<b>10</b> Payroll taxes . . . . .	480,922.	309,774.	56,428.	114,720.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	185,935.	147,812.	19,932.	18,191.
<b>c</b> Accounting . . . . .	167,426.		167,426.	
<b>d</b> Lobbying . . . . .	62,807.	62,807.		
<b>e</b> Professional fundraising services. See Part IV, line 17	470,337.			470,337.
<b>f</b> Investment management fees . . . . .	164,418.		164,418.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,298,183.	924,659.	49,164.	324,360.
<b>12</b> Advertising and promotion . . . . .	476,903.	473,959.	1,184.	1,760.
<b>13</b> Office expenses . . . . .	109,631.	55,430.	7,621.	46,580.
<b>14</b> Information technology . . . . .	174,371.	128,295.	23,985.	22,091.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,231,775.	869,859.	159,658.	202,258.
<b>17</b> Travel . . . . .	836,636.	394,275.	881.	441,480.
<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 . . . . .	858,596.	746,815.	8,077.	103,704.
<b>20</b> Interest . . . . .	8.		8.	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	415,252.	293,370.	53,847.	68,035.
<b>23</b> Insurance . . . . .	197,026.	139,196.	25,549.	32,281.
<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 -----	1,425,070.	1,425,070.		
<b>b</b> POSTAGE & SHIPPING -----	761,994.	345,771.	5,618.	410,605.
<b>c</b> PRINTING -----	745,975.	275,663.	745.	469,567.
<b>d</b> PROGRAM TECHNICAL SUPPORT -----	598,873.	598,873.		
<b>e</b> All other expenses -----	1,746,362.	818,190.	584,862.	343,310.
<b>25</b> Total functional expenses. Add lines 1 through 24e	29,258,665.	21,942,696.	2,319,883.	4,996,086.
<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) . . . . .	999,371.	377,734.		621,637.

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,129,973.	<b>1</b>	8,001,602.
	<b>2</b> Savings and temporary cash investments	216,445.	<b>2</b>	539,347.
	<b>3</b> Pledges and grants receivable, net	203,639.	<b>3</b>	205,706.
	<b>4</b> Accounts receivable, net	3,725,105.	<b>4</b>	10,267,012.
	<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	75,665.	<b>8</b>	133,906.
	<b>9</b> Prepaid expenses and deferred charges	705,507.	<b>9</b>	1,401,620.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,156,241.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,180,930.	1,888,607.	<b>10c</b> 1,975,311.
	<b>11</b> Investments - publicly traded securities	23,016,384.	<b>11</b>	23,656,458.
	<b>12</b> Investments - other securities. See Part IV, line 11	4,233,643.	<b>12</b>	3,169,232.
	<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	193,227.	<b>15</b>	674,143.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	40,388,195.	<b>16</b>	50,024,337.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,732,740.	<b>17</b>	1,688,090.
	<b>18</b> Grants payable	1,713,122.	<b>18</b>	2,200,512.
	<b>19</b> Deferred revenue	5,428,345.	<b>19</b>	13,321,993.
	<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	761,884.	<b>25</b>	1,681,719.
	<b>26 Total liabilities.</b> Add lines 17 through 25	9,636,091.	<b>26</b>	18,892,314.
<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	21,921,458.	<b>27</b>	23,555,115.
	<b>28</b> Temporarily restricted net assets	8,493,158.	<b>28</b>	7,236,209.
	<b>29</b> Permanently restricted net assets	337,488.	<b>29</b>	340,699.
	<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	30,752,104.	<b>33</b>	31,132,023.
<b>34</b> Total liabilities and net assets/fund balances	40,388,195.	<b>34</b>	50,024,337.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	29,914,632.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	29,258,665.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	655,967.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,752,104.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-246,161.
<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>	-29,887.
<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>	31,132,023.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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	

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (88.70%); 15 Public support percentage from 2011 Schedule A, Part II, line 14 (90.87%); 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2012, 2011. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2012, 2011. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. 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

19b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS	3,247.	67.	13,257.	2,261.	907.	19,739.
LIST RENTALS		27,804.	26,881.	17,365.	5,477.	77,527.
SPECIAL EVENTS	113,758.	2,289,889.	1,452,830.	1,389,430.	1,357,200.	6,603,107.
INVENTORY	38,961.	438,392.	242,362.	215,910.	103,590.	1,039,215.
TOTALS	<u>155,966.</u>	<u>2,756,152.</u>	<u>1,735,330.</u>	<u>1,624,966.</u>	<u>1,467,174.</u>	<u>7,739,588.</u>

**Schedule of Contributors**

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

**2012**

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

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,415,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 2,034,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,638,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 1,023,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 922,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 852,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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."

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

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## LOBBYING EXPENSES

## PART II-B

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

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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" to 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 an 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.

	Held at the End 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? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)? . . . . .  Yes  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" to 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) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ 149,840.

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 Revenues 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) 2012

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other DONATED ITEMS, INVENTORY ETC.
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	520,804.	464,356.	561,083.	516,826.	470,065.
b Contributions . . . . .	3,211.	4,341.	5,978.	8,258.	9,378.
c Net investment earnings, gains, and losses . . . . .	20,742.	52,107.	-2,705.	35,999.	37,383.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	100,871.		100,000.		
f Administrative expenses . . . . .					
g End of year balance . . . . .	443,886.	520,804.	464,356.	561,083.	516,826.

- 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 ▶ 76.7537 %
  - c Temporarily restricted endowment ▶ 23.2463 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		2,101,499.	648,256.	1,453,243.
d Equipment . . . . .		305,895.	249,847.	56,048.
e Other . . . . .		2,748,847.	2,282,827.	466,020.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,975,311.

**Part VII Investments - Other Securities.** 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) BENEFICIAL INTEREST IN TRUST	3,169,232.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,169,232.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM LEASE LIABILITY	1,535,854.
(3) SECTION 457 RETIREMENT LIABILITIES	145,865.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,681,719.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	29,942,921.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-246,161.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	304,337.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-29,887.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	28,289.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	29,914,632.
<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>	29,914,632.

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	29,563,002.
<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>	304,337.	
<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>	304,337.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	29,258,665.
<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>	29,258,665.

**Part XIII Supplemental Information**

Complete this part to 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, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. AS OF SEPTEMBER 30, 2013, AMFAR DOES NOT BELIEVE THAT THERE ARE ANY UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS. AMFAR HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED 2010, 2011, 2012, AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

**Part XIII** Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS

PART III, LINE 4

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

RECONCILIATION OF REVENUE

PART XI, LINE 2D

CHANGE IN VALUE OF THIRD PARTY TRUST (\$29,887)



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH

13-3163817

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING	N/A	177,540.
(2) EAST ASIA AND THE PACIFIC	1.	19.	GRANTMAKING	N/A	2,604,045.
(3) EUROPE			GRANTMAKING	N/A	656,607.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	N/A	20,000.
(5) NORTH AMERICA			GRANTMAKING	N/A	150,000.
(6) RUSSIA/INDEPENDENT STATES			GRANTMAKING	N/A	97,179.
(7) SOUTH AMERICA			GRANTMAKING	N/A	249,759.
(8) SOUTH ASIA			GRANTMAKING	N/A	56,965.
(9) SUB-SAHARAN AFRICA			GRANTMAKING	N/A	351,253.
(10) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	THERAPEUTICS RESEARCH	2,889,590.
(11) EUROPE			FUNDRAISING		5,474,457.
(12) NORTH AMERICA			FUNDRAISING		435,325.
(13) SOUTH AMERICA			FUNDRAISING		900,829.
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	19.			14,063,549.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	1.	19.			14,063,549.

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

Schedule F (Form 990) 2012

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	12,000.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	17,500.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	17,500.	WIRE TRANSFE			
(4)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	17,500.	WIRE TRANSFE			
(5)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	14,700.	WIRE TRANSFE			
(6)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	19,250.	WIRE TRANSFE			
(7)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	17,500.	WIRE TRANSFE			
(8)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	17,496.	WIRE TRANSFE			
(9)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	26,594.	WIRE TRANSFE			
(10)			CENT. AMERICA/CARIBBEAN	GMT INITIATI	17,500.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	BASIC RESEAR	15,626.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	BASIC RESEAR	26,043.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	BASIC RESEAR	10,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	6,330.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	7,690.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	25,637.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	12,250.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	14,250.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	19,110.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	19,050.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	18,180.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	8,170.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	9,150.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	14,250.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	132,059.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	24,042.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	11,494.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	16,177.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	20,529.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	17,576.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	21,445.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	23,404.	WIRE TRANSFE			

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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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	14,459.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	7,695.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	7,087.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	14,009.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	15,843.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	165,747.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	207,232.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	243,438.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	35,051.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	7,125.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	5,550.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	6,525.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	5,175.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	6,450.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	6,900.	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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	7,350.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	6,300.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	6,225.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	19,586.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	10,499.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	15,150.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	17,524.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	18,900.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	15,800.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	17,850.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	12,900.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	14,775.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	15,050.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	100,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	6,747.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	9,433.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	BASIC RESEAR	286,064.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	34,622.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	41,667.	WIRE TRANSFE			
(11)			EAST ASIA/PACIFIC	TREAT ASIA	36,098.	WIRE TRANSFE			
(12)			EAST ASIA/PACIFIC	TREAT ASIA	150,000.	WIRE TRANSFE			
(13)			EAST ASIA/PACIFIC	TREAT ASIA	19,833.	WIRE TRANSFE			
(14)			EAST ASIA/PACIFIC	TREAT ASIA	6,000.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	6,150.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	9,453.	WIRE TRANSFE			

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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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	26,775.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	19,042.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	11,315.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	GMT INITIATI	18,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	GMT INITIATI	17,000.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	GMT INITIATI	18,135.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	15,167.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	40,000.	WIRE TRANSFE			
(9)			EAST ASIA/PACIFIC	TREAT ASIA	15,964.	WIRE TRANSFE			
(10)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	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	11,250.	WIRE TRANSFE			
(15)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(16)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	TREAT ASIA	11,250.	WIRE TRANSFE			
(2)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(3)			EAST ASIA/PACIFIC	TREAT ASIA	79,118.	WIRE TRANSFE			
(4)			EAST ASIA/PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFE			
(5)			EAST ASIA/PACIFIC	TREAT ASIA	9,820.	WIRE TRANSFE			
(6)			EAST ASIA/PACIFIC	TREAT ASIA	5,650.	WIRE TRANSFE			
(7)			EAST ASIA/PACIFIC	TREAT ASIA	14,702.	WIRE TRANSFE			
(8)			EAST ASIA/PACIFIC	TREAT ASIA	39,029.	WIRE TRANSFE			
(9)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	26,043.	WIRE TRANSFE			
(10)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	39,062.	WIRE TRANSFE			
(11)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	10,000.	WIRE TRANSFE			
(12)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	90,765.	WIRE TRANSFE			
(13)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	159,732.	WIRE TRANSFE			
(14)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	120,000.	WIRE TRANSFE			
(15)			EUROPE/ICELAND/GREENLAND	BASIC RESEAR	120,000.	WIRE TRANSFE			
(16)			EUROPE/ICELAND/GREENLAND	PUBLIC POLIC	20,000.	WIRE TRANSFE			

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

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



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GMT INITIATI	14,280.	WIRE TRANSFE			
(2)			EUROPE/ICELAND/GREENLAND	GMT INITIATI	12,000.	WIRE TRANSFE			
(3)			EUROPE/ICELAND/GREENLAND	GMT INITIATI	14,920.	WIRE TRANSFE			
(4)			EUROPE/ICELAND/GREENLAND	GMT INITIATI	15,000.	WIRE TRANSFE			
(5)			EUROPE/ICELAND/GREENLAND	GMT INITIATI	20,000.	WIRE TRANSFE			
(6)			MIDDLE EAST/NORTH AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(7)			NORTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(8)			NORTH AMERICA	PREVENTION S	130,000.	WIRE TRANSFE			
(9)			RUSSIA/NEWLY IND. STATES	GMT INITIATI	12,000.	WIRE TRANSFE			
(10)			RUSSIA/NEWLY IND. STATES	GMT INITIATI	14,982.	WIRE TRANSFE			
(11)			RUSSIA/NEWLY IND. STATES	GMT INITIATI	15,050.	WIRE TRANSFE			
(12)			RUSSIA/NEWLY IND. STATES	GMT INITIATI	14,995.	WIRE TRANSFE			
(13)			RUSSIA/NEWLY IND. STATES	GMT INITIATI	19,952.	WIRE TRANSFE			
(14)			RUSSIA/NEWLY IND. STATES	GMT INITIATI	20,200.	WIRE TRANSFE			
(15)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(2)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(3)			SOUTH AMERICA	GMT INITIATI	19,900.	WIRE TRANSFE			
(4)			SOUTH AMERICA	GMT INITIATI	19,859.	WIRE TRANSFE			
(5)			SOUTH AMERICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	GMT INITIATI	14,440.	WIRE TRANSFE			
(7)			SOUTH AMERICA	GMT INITIATI	15,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	GMT INITIATI	17,494.	WIRE TRANSFE			
(9)			SOUTH AMERICA	GMT INITIATI	24,066.	WIRE TRANSFE			
(10)			SOUTH AMERICA	PREVENTION S	35,000.	WIRE TRANSFE			
(11)			SOUTH ASIA	GMT INITIATI	11,959.	WIRE TRANSFE			
(12)			SOUTH ASIA	TREAT ASIA	13,931.	WIRE TRANSFE			
(13)			SOUTH ASIA	TREAT ASIA	18,750.	WIRE TRANSFE			
(14)			SOUTH ASIA	TREAT ASIA	18,750.	WIRE TRANSFE			
(15)			SOUTH ASIA	TREAT ASIA	5,625.	WIRE TRANSFE			
(16)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GMT INITIATI	15,000.	WIRE TRANSFE			
(2)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(3)			SUB-SAHARAN AFRICA	GMT INITIATI	18,500.	WIRE TRANSFE			
(4)			SUB-SAHARAN AFRICA	GMT INITIATI	22,000.	WIRE TRANSFE			
(5)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(6)			SUB-SAHARAN AFRICA	GMT INITIATI	19,789.	WIRE TRANSFE			
(7)			SUB-SAHARAN AFRICA	GMT INITIATI	19,980.	WIRE TRANSFE			
(8)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(9)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(10)			SUB-SAHARAN AFRICA	GMT INITIATI	19,984.	WIRE TRANSFE			
(11)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(12)			SUB-SAHARAN AFRICA	GMT INITIATI	20,000.	WIRE TRANSFE			
(13)			SUB-SAHARAN AFRICA	GMT INITIATI	10,000.	WIRE TRANSFE			
(14)			SUB-SAHARAN AFRICA	GMT INITIATI	26,000.	WIRE TRANSFE			
(15)			SUB-SAHARAN AFRICA	PUBLIC POLIC	60,000.	WIRE TRANSFE			
(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. . . . . 159.

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

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

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

## FOREIGN ACTIVITIES

## PART I, LINE 2

INTERNATIONAL ORGANIZATIONS ARE RECOMMENDED FOR FUNDING BASED UPON THE RESULTS OF COMMUNITY-BASED PEER REVIEW AND/OR PROGRAM STAFF ASSESSMENT OF PROPOSAL MERIT AND ORGANIZATION CAPACITY TO UNDERTAKE PROPOSED PROJECTS THAT ARE CHARITABLE IN PURPOSE. PRE-AWARD DUE-DILIGENCE FOR NEW INTERNATIONAL GRANTEES INCLUDES REVIEW OF ORGANIZATION DOCUMENTS AND REGISTRATIONS TO VERIFY THAT THE ORGANIZATION OPERATES FOR A CHARITABLE PURPOSE AND THAT BASIC CAPACITY FOR PROJECT OVERSIGHT AND GOVERNANCE HAS BEEN ESTABLISHED. ALL INTERNATIONAL GRANTEES ARE REQUIRED TO REPORT SEMI-ANNUALLY ON PROJECT PROGRESS AND EXPENDITURES; CONTINUED REPORTING IS REQUIRED UNTIL SUCH TIME AS GRANT FUNDS ARE EXPENDED IN FULL. REPORTS ARE REVIEWED BY ADMINISTRATIVE AND PROGRAM STAFF. ADDITIONAL OVERSIGHT IS PROVIDED AS NECESSARY BY MEANS OF ONGOING, INFORMAL CONTACT WITH SITES REGARDING PROGRESS AND TECHNICAL ISSUES AND SITE VISITS WHERE FEASIBLE. INTERNATIONAL RESEARCH GRANT RECIPIENTS SUBMIT AN INTERIM AND A FINAL PROGRESS REPORTING ADDITION TO EXPENDITURES REPORTS DUE FOLLOWING THE ENDS OF THE 2ND, 3RD AND FINAL QUARTERS OF THE PERFORMANCE PERIOD.

## FOREIGN ACTIVITIES

## PART I, LINE 3, COLUMN D

THE FOUNDATION FOR AIDS RESEARCH CONDUCTS MANY OF ITS GRANT-MAKING PROGRAM SERVICES (SEE PART III OF FORM 990) IN U.S. AND FOREIGN JURISDICTIONS. IN COLUMN D, THE ORGANIZATION HAS REPORTED THE BASIC PROGRAM THESE GRANTS SUPPORT; PLEASE REFER TO PART III FOR MORE

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

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

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INFORMATION ABOUT THESE PROGRAMS/INITIATIVES.

FOREIGN ACTIVITIES - STATUS OF GRANTEES

THE FOUNDATION FOR AIDS RESEARCH SUPPORTS MANY NON-U.S. ORGANIZATIONS IN THE FIGHT AGAINST AIDS AND HIV-RELATED DISEASES. FOR PURPOSES OF SCHEDULE F, PART II, LINE 2 - ALL 159 CHARITIES SUPPORTED ARE PRESUMED TO BE THE EQUIVALENT OF U.S. CHARITIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

**Part I**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> AAB PRODUCTIONS	FUNDRAISING EVENT/PROD		X	17,864,320.	245,067.	17,619,253.
<b>2</b> JOHN MINI CONSULTING INC	DIRECT MAIL		X	1,731,016.	95,150.	1,635,866.
<b>3</b> PUBLIC INTEREST COMMUNICATIONS	TELE MARKETING		X	54,024.	70,572.	-16,548.
<b>4</b> EIDOLON COMMUNICATIONS INC.	DIRECT MAIL		X	199,443.	47,700.	151,743.
<b>5</b> TELEFUND, INC.	TELE MARKETING		X	18,868.	16,231.	2,637.
<b>6</b> SANKY COMMUNICATIONS, INC.	COUNSELING		X	417,841.	102,434.	315,407.
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				20,285,512.	577,154.	19,708,358.

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CANNES (event type)	DALLAS (event type)	14. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	12,526,496.	4,507,778.	10,408,684.	27,442,958.
	<b>2</b> Less: Contributions . . . . .	12,085,496.	4,407,378.	9,592,884.	26,085,758.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	441,000.	100,400.	815,800.	1,357,200.
Direct Expenses	<b>4</b> Cash prizes . . . . .			0	
	<b>5</b> Noncash prizes . . . . .			0	
	<b>6</b> Rent/facility costs . . . . .	746,885.	46,894.	744,868.	1,538,647.
	<b>7</b> Food and beverages . . . . .	543,201.	156,114.	228,413.	927,728.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	3,422,020.	2,273,065.	3,054,905.	8,749,990.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 11,216,365.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				-9,859,165.

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

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

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

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

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

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- 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.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I

THE FOUNDATION FOR AIDS RESEARCH ACTUALLY PAID OUT \$470,337 IN FUNDRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2013. THIS AMOUNT IS REPORTED ON PART IX, LINE 11(E). FOR PURPOSES OF SCHEDULE G, THE FOUNDATION IS REPORTING ALL AMOUNTS PAID TO THE CONSULTANTS LISTED ON PART I, REGARDLESS OF WHETHER SUCH AMOUNTS WERE PURE FUNDRAISING EXPENSES OR EVENT PRODUCTION COSTS. ON SCHEDULE G, THE TOTAL AMOUNT PAID TO THE

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- 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.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ORGANIZATIONS LISTED IS \$577,154. OF THAT \$577,154, ONLY \$470,337 WAS PAID FOR FUNDRAISING SERVICES, THE REMAINING \$106,817 WAS PAID FOR EVENT PRODUCTION SERVICES.

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

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SOME OF THOSE SAME FUNDRAISERS ARE REPORTED ON THE FOUNDATION'S TOP 5

HIGHEST PAID INDEPENDENT CONTRACTORS LIST (IN SCHEDULE O). IN COMPLIANCE

WITH THE INSTRUCTIONS TO THE FORM 990, COMPENSATION REPORTED FOR PART VII

(AND LISTED IN SCHEDULE O) IS REPORTED ON A CALENDAR YEAR BASIS.

ACCORDINGLY, AMOUNTS ON PART VII AND SCHEDULE G WILL NOT RECONCILE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE AARON DIAMOND AIDS RESEARCH CENTER 455 FIRST AVENUE, 7TH FLOOR	13-3540234	501(C)(3)	15,626.				BASIC RESEARCH
(2)	UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVENUE, SUITE 102	95-6006143	501(C)(3)	7,143.				BASIC RESEARCH
(3)	UNIVERSITY OF CALIFORNIA SAN FRANCISCO 333 CALIFORNIA STREET, SUITE 315	94-6036493	501(C)(3)	72,000.				BASIC RESEARCH
(4)	CASE WESTERN RESERVE UNIVERSITY, SCHOOL OF 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	62,479.				BASIC RESEARCH
(5)	AARON DIAMOND AIDS RESEARCH CENTER 455 FIRST AVENUE, 7TH FLOOR	13-3540234	501(C)(3)	62,502.				BASIC RESEARCH
(6)	NEW ENGLAND PRIMATE RESEARCH CENTER. HARVAR HARVARD MEDICAL SCHOOL, 25 SHATTUCK STREET	04-2103580	501(C)(3)	62,502.				BASIC RESEARCH
(7)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 533 PARNASSUS AVENUE, U442	94-6036493	501(C)(3)	10,000.				BASIC RESEARCH
(8)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315	94-6036493	501(C)(3)	10,000.				BASIC RESEARCH
(9)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315	94-6036493	501(C)(3)	10,000.				BASIC RESEARCH
(10)	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY, SUITE 117	52-0595110	501(C)(3)	10,000.				BASIC RESEARCH
(11)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	10,000.				BASIC RESEARCH
(12)	THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD	95-2160097	501(C)(3)	10,000.				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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VACCINE AND GENE THERAPY INSTITUTE OF FLORIDA 11350 SW VILLAGE PARKWAY	36-4631835	501(C)(3)	62,502.				BASIC RESEARCH
(2)	UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE, NE, BOX 359472	91-6001537	501(C)(3)	62,502.				BASIC RESEARCH
(3)	VACCINE AND GENE THERAPY INSTITUTE OF FLORIDA 11350 SW VILLAGE PARKWAY, 3RD FLOOR	36-4631835	501(C)(3)	62,502.				BASIC RESEARCH
(4)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, LC 4930	34-1018992	501(C)(3)	62,502.				BASIC RESEARCH
(5)	BETH ISRAEL MEDICAL CENTER DAZIAN BUILDING, FIRST AVENUE AT 16TH STREET	13-5564934	501(C)(3)	37,646.				PUBLIC POLICY
(6)	CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	124,800.				BASIC RESEARCH
(7)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	124,998.				BASIC RESEARCH
(8)	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	124,998.				BASIC RESEARCH
(9)	BETH ISRAEL MEDICAL CENTER - EDMOND DE ROTH FIRST AVENUE AT 16TH STREET	13-5564934	501(C)(3)	22,500.				PUBLIC POLICY
(10)	TULANE UNIVERSITY 1430 TULANE AVENUE EP-15	72-0423889	501(C)(3)	33,333.				BASIC RESEARCH
(11)	JOHN HOPKINS UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, SUITE 11	52-0595110	501(C)(3)	80,000.				BASIC RESEARCH
(12)	JOHN HOPKINS UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, SUITE 11	52-0595110	501(C)(3)	80,000.				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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	96,397.				BASIC RESEARCH
(2)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CB# 1350	56-6001393	501(C)(3)	166,748.				BASIC RESEARCH
(3)	JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY, SUITE 117	52-0595110	501(C)(3)	351,225.				BASIC RESEARCH
(4)	GLOBAL HEALTH COMMITTEE, INC. 200 LONGWOOD AVENUE BOSTON, MA 02115	04-3481920	501(C)(3)	297,749.				TREAT ASIA
(5)	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N BROADWAY STREET, BROADWAY RESEARCH BU	52-0595110	501(C)(3)	46,872.				BASIC RESEARCH
(6)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N, C2-187	23-7156071	501(C)(3)	46,872.				BASIC RESEARCH
(7)	DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE, CLS 1017	04-2263040	501(C)(3)	46,872.				BASIC RESEARCH
(8)	THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD	33-0435954	501(C)(3)	46,872.				BASIC RESEARCH
(9)	VETERANS MEDICAL RESEARCH FOUNDATION 3350 LA JOLLA VILLAGE DRIVE (MC 151A)	33-0189397	501(C)(3)	120,000.				BASIC RESEARCH
(10)	UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, BOX 359472	91-6001537	501(C)(3)	120,000.				BASIC RESEARCH
(11)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315	94-6036493	501(C)(3)	114,162.				BASIC RESEARCH
(12)	HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET SOUTHBOROUGH, MA 01772	04-2103580	501(C)(3)	119,200.				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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD	93-1176109	501(C)(3)	120,000.				BASIC RESEARCH
(2)	VACCINE & GENE THERAPY INSTITUTE FLORIDA 9801 SW DISCOVERY WAY	36-4631835	501(C)(3)	119,990.				BASIC RESEARCH
(3)	BARON EDMOND DE ROTHSCHILD CHEMICAL DEP FIRST AVENUE AT 16TH STREET	13-5564934	501(C)(3)	67,500.				PUBLIC POLICY
(4)	AIDS FOUNDATION OF CHICAGO AS SPONSOR OF IN 200 WEST JACKSON STE 2200 CHICAGO, IL 60606	36-3412054	501(C)(3)	7,500.				GMT INITIATIVE
(5)	NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)(3)	5,850.				BASIC RESEARCH
(6)	JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL O 615 N. WOLFE ST. BALTIMORE, MD 21205	52-0595110	501(C)(3)	48,500.				GMT INITIATIVE
(7)	JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL O 615 N. WOLFE ST. BALTIMORE, MD 21205	52-0595110	501(C)(3)	15,107.				GMT INITIATIVE
(8)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106	34-1018992	501(C)(3)	116,655.				BASIC RESEARCH
(9)	VACCINE AND GENE THERAPY INSTITUTE FLORIDA 9801 SW DISCOVERY WAY	36-4631835	501(C)(3)	196,761.				BASIC RESEARCH
(10)	UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 KINROSS AVENUE, SUITE 211 MC 951406	95-6006143	501(C)(3)	100,000.				BASIC RESEARCH
(11)	JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY, OFFICE OF RESEARCH ADMINIS	52-0595110	501(C)(3)	60,000.				BASIC RESEARCH
(12)	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 NORTH BROADWAY STREET	52-0595110	501(C)(3)	20,001.				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) (2012)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WORLDWIDE ORPHANS FOUNDATION 515 VALLEY STREET SUITE 201	13-3968225	501(C)(3)	14,927.				TREAT ASIA
(2)	BLOOD SYSTEMS, INC. DBA BLOOD SYSTEMS RESEA 270 MASONIC AVENUE	86-0098929	501(C)(3)	42,193.				BASIC RESEARCH
(3)	UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE	25-0965591	501(C)(3)	102,000.				GMT INITIATIVE
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 51.

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) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTS AND ASSISTANCE

PART I, LINE 2

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

THE FOUNDATION'S PROGRAM BOARD, WHICH SERVES IN AN ADVISORY CAPACITY TO THE BOARD OF TRUSTEES. AFTER A PROGRAM COMMITTEE HAS COMPLETED ITS REVIEW OF THE APPLICATIONS, IT PRESENTS ITS FUNDING RECOMMENDATIONS TO AMFAR'S EXECUTIVE COMMITTEE AND/OR THE FULL BOARD OF TRUSTEES FOR FINAL APPROVAL AND FUNDING AUTHORIZATION.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in 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 in 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? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN FROST CHIEF EXECUTIVE OFFICER	(i)	385,700.	0	0	69,500.	28,683.	483,883.	
	(ii)	0	0	0	0	0	0	
2 BRADLEY JENSEN ASST TREASURER, CFO	(i)	217,845.	0	0	15,470.	31,319.	264,634.	
	(ii)	0	0	0	0	0	0	
3 JOHN F. LOGAN, J.D. PH. ASST SECRETARY, VP & GC	(i)	203,482.	0	0	14,331.	10,201.	228,014.	
	(ii)	0	0	0	0	0	0	
4 ROWENA JOHNSTON ASST SECRETARY, VP OF RESEARCH	(i)	166,901.	0	0	11,736.	10,201.	188,838.	
	(ii)	0	0	0	0	0	0	
5 EDWARD DONNELLY ASST TREASURER, CONTROLLER	(i)	133,796.	0	0	9,796.	9,043.	152,635.	
	(ii)	0	0	0	0	0	0	
6 GREGORY L. BOROFF VICE PRESIDENT OF DEVELOPMENT	(i)	228,217.	0	0	16,218.	10,201.	254,636.	
	(ii)	0	0	0	0	0	0	
7 CHRISTOPHER COLLINS VICE PRESIDENT, PUBLIC POLICY	(i)	192,518.	0	0	12,720.	19,636.	224,874.	
	(ii)	0	0	0	0	0	0	
8 ANNETTE SOHN VICE PRESIDENT, TREAT ASIA	(i)	200,613.	0	0	14,082.	5,553.	220,248.	
	(ii)	0	0	0	0	0	0	
9 ERIC MUSCATELL DIRECTOR, PHILANTHROPY	(i)	157,089.	0	0	11,276.	10,201.	178,566.	
	(ii)	0	0	0	0	0	0	
10 ANDREW MCINNES DIRECTOR, PUBLICATIONS	(i)	134,850.	0	0	9,876.	31,319.	176,045.	
	(ii)	0	0	0	0	0	0	
11 ANTHONY ANCONA VICE PRESIDENT, HUMAN RESOURCE	(i)	155,133.	0	0	10,935.	3,276.	169,344.	
	(ii)	0	0	0	0	0	0	
12 SUSAN DOSTER CHIEF TECHNOLOGY OFFICER	(i)	132,775.	0	0	9,277.	10,201.	152,253.	
	(ii)	0	0	0	0	0	0	
13 ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO	(i)	194,344.	0	0	13,671.	10,201.	218,216.	
	(ii)	0	0	0	0	0	0	
14 BENNAH SERFATY SENIOR DIR. OF COMMUNICATIONS	(i)	120,255.	0	0	7,992.	31,319.	159,566.	
	(ii)	0	0	0	0	0	0	
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

COMPENSATION

PART I, LINE 4

CHIEF EXECUTIVE OFFICER, KEVIN FROST, PARTICIPATED IN A SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN; HOWEVER, HE DID NOT RECEIVE A DISTRIBUTION  
IN 2013.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

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

Employer identification number  
**13-3163817**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	1 .	56,250 .	APPRAISAL
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	14 .	47,853 .	SALES PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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

FORM 990, SCHEDULE M

LINE 31: TO THE EXTENT THAT AMFAR RECEIVES NON-STANDARD CONTRIBUTIONS,  
THE ORGANIZATION'S POLICY IS TO LIQUIDATE THOSE ITEMS INTO CASH FOR  
EVENTUAL USE IN SUPPORT OF THE ORGANIZATION'S MISSION.

LINE 32A: WHEN THE ORGANIZATION RECEIVES CONTRIBUTIONS OF SECURITIES, IT  
USES ITS INVESTMENT BROKER TO LIQUIDATE THOSE HOLDINGS TO FUND AMFAR'S  
VARIOUS RESEARCH PROGRAM ACTIVITIES.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

PROGRAM SERVICE ACCOMPLISHMENTS(1)

PART III, LINE 4A-4D(1)

LINE 4A: RESEARCH: AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL APPROACHES TO SCIENTIFICALLY SOUND BUT UNTESTED HYPOTHESES IN ALL AREAS OF RESEARCH ON HIV/AIDS, FUNDING GOAL-ORIENTED STUDIES THAT OFTEN LACK THE PRELIMINARY DATA REQUIRED FOR SUPPORT FROM TRADITIONAL GRANT-MAKERS. THE FOUNDATION PLAYS A VITAL ROLE IN HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN KNOWLEDGE AND PROVIDING ESSENTIAL SEED MONEY THAT ENABLES 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 NATIONAL INSTITUTES OF HEALTH. AMFAR FELLOWSHIPS ALLOW TALENTED YOUNG INVESTIGATORS TO CONDUCT ORIGINAL INVESTIGATIONS UNDER THE GUIDANCE OF EXPERIENCED SCIENTISTS, HELPING TO ENSURE THE LONG-TERM VITALITY OF AIDS RESEARCH.

GRANTS AND FELLOWSHIPS ARE AWARDED THROUGH A RIGOROUS PROCESS OF PEER REVIEW BY A TEAM OF INDEPENDENT HIV/AIDS EXPERTS DRAWN LARGELY FROM THE VOLUNTEER SCIENTISTS ON AMFAR'S SCIENTIFIC ADVISORY COMMITTEE. GUIDED BY ITS SCIENTIFIC ADVISORS AND WITH THE APPROVAL OF ITS BOARD OF TRUSTEES, AMFAR PURSUES A STRATEGIC RESEARCH PLAN THAT FOCUSES ON THE TREATMENT, PREVENTION, AND CURE OF HIV/AIDS. IN 2013, AMFAR AWARDED NEARLY \$4 MILLION IN GRANTS AND FELLOWSHIPS TO SUPPORT 20 RESEARCH PROJECTS.

CURE-FOCUSED STUDIES

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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THE SEARCH FOR A CURE FOR HIV/AIDS IS AT THE CENTER OF AMFAR'S RESEARCH EFFORTS. IN 2013, THROUGH THE AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION (ARCHE) PROGRAM-NOW IN ITS FOURTH YEAR OF FUNDING-AND OTHER TARGETED GRANTS, THE FOUNDATION AWARDED NEARLY \$3 MILLION FOR CURE-FOCUSED RESEARCH.

FIRST CHILD CURED OF HIV

AT THE CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS IN MARCH 2013, DR. DEBORAH PERSAUD OF JOHN HOPKINS CHILDREN'S CENTER DETAILED THE CASE OF A TWO-YEAR-OLD CHILD IN MISSISSIPPI WHO HAD BEEN CURED OF HIV. CONFIRMATION OF THE CURE WAS MADE POSSIBLE BY A GRANT AMFAR AWARDED TO DR. PERSAUD AND HER COLLEAGUE DR. KATHERINE LUZURIAGA OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL IN SEPTEMBER 2012. THE GRANT ALLOWED THEM TO ESTABLISH A RESEARCH COLLABORATORY TO EXPLORE AND DOCUMENT POSSIBLE PEDIATRIC HIV CURE CASES.

AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION

THE FOUNDATION LAUNCHED THE ARCHE PROGRAM IN 2010 AS A WAY TO LEVERAGE THE EXPERTISE AND INNOVATION OF DISTINGUISHED SCIENTISTS FROM ACROSS THE GLOBE TO ADVANCE CURE-FOCUSED RESEARCH. IN JULY, MORE THAN \$1.4 MILLION IN FUNDING WENT TO FOUR COLLABORATIVE TEAMS OF RESEARCHERS WORKING IN THE UNITED STATES, THE UNITED KINGDOM, FRANCE, THAILAND, AND AUSTRALIA ON STUDIES EXPLORING POTENTIAL STRATEGIES FOR ELIMINATING HIV INFECTION FROM THE BODY AND CHARACTERIZING VIRAL RESERVOIRS-WHICH PRESENT A MAJOR OBSTACLE TO A CURE.

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ONE STUDY, LED BY DR. ERIC ARTS OF CASE WESTERN RESERVE UNIVERSITY IN CLEVELAND, OHIO, AIMS TO DEVELOP AND TEST A VACCINE-LIKE HIV TREATMENT SPECIFIC TO EACH PATIENT'S VIRUS. UNLIKE OTHER APPROACHES TOWARD AN HIV CURE THAT FOCUS ON INDUCING CELL CHANGES IN ALL CELLS THAT ARE VULNERABLE TO HIV INFECTION, THIS TREATMENT SPECIFICALLY TARGETS THE INFECTED CELLS LYING DORMANT IN THE VIRAL RESERVOIR. DR. ARTS AND DR. YONG GAO FROM CASE WESTERN IS WORKING WITH DRs. ROBIN SHATTOCK, SARAH FIDLER, AND CAROLINE FOSTER OF IMPERIAL COLLEGE LONDON TO STUDY THE TREATMENT'S EFFECTIVENESS.

IN ANOTHER STUDY, A TEAM LED BY DR. NICOLAS CHOMONT OF THE VACCINE AND GENE THERAPY INSTITUTE IN PORT ST. LUCIE, FLORIDA, IS STUDYING HIV PERSISTENCE IN T CELL SUBSETS DURING ANTIRETROVIRAL THERAPY (ART). SPECIFICALLY, THEY ARE INVESTIGATING THE SUBSETS OF CD4+ T MEMORY CELLS-THE CELLS WHERE THE HIV RESERVOIR MAINLY RESIDES-AND THE ROLES THEY MAY PLAY AS A POTENTIAL TARGET FOR A CURE. DR. CHOMONT IS WORKING IN COLLABORATION WITH THREE-TIME ARCHE GRANTEE DR. DARAH PALMER OF UNIVERSITY OF SYDNEY, AUSTRALIA, AND DR. STEVEN DEEKS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF); DR. JINTANAT ANANWORANICH FROM THE RED CROSS AIDS RESEARCH CENTRE IN BANGKOK, THAILAND; AND DR. ASIER SAEZ-CIRION OF INSTITUT PASTEUR IN PARIS, FRANCE.

TARGETED GRANTS FOR HIV CURE RESEARCH  
IN FEBRUARY 2013, AMFAR AWARDED EIGHT TARGETED GRANTS TOTALING MORE THAN

Name of the organization THE FOUNDATION FOR AIDS RESEARCH	Employer identification number 13-3163817
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\$1.4 MILLION TO LEADING RESEARCHERS FROM AROUND THE WORLD WHO ARE WORKING ON A VARIETY OF CUTTING-EDGE, CURE-FOCUSED STUDIES. THESE PROJECTS INCLUDE RESEARCH AIMED AT THERAPEUTIC VACCINE DEVELOPMENT, EXPANDING OUR UNDERSTANDING OF LATENT VIRAL RESERVOIRS, AND EXAMINING PHARMACOLOGICAL AND GENE THERAPY APPROACHES TO CURING HIV.

DR. JONAH SACHA OF THE OREGON HEALTH AND SCIENCE UNIVERSITY, IN PORTLAND, IS EXAMINING THE MACROPHAGE-AN IMMUNE CELL THAT IS CLOSELY RELATED TO THE T CELL-FOR ITS POTENTIAL ROLE IN MAINTAINING HIDDEN RESERVOIRS OF HIV. DR. SACHA AND COLLEAGUES PROPOSE TO DIRECTLY ASSESS THE FUNCTION OF MACROPHAGES IN VIRAL PERSISTENCE IN A NON-HUMAN PRIMATE MODEL OF AIDS. UNDERSTANDING THE MACROPHAGE'S CONTRIBUTION WILL GUIDE FUTURE APPROACHES TO ELIMINATING RESIDUAL VIRAL RESERVOIRS.

PROGRAM SERVICE ACCOMPLISHMENTS(2)

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

LINE 4A, CONTINUED:

ALTHOUGH THE IMMUNE SYSTEM CAN GREATLY REDUCE LEVELS OF VIRUS AFTER INFECTION, IT CANNOT MAINTAIN THIS CONTROL INDEFINITELY. THERAPEUTIC VACCINES, WHICH ARE CURRENTLY BEING DESIGNED AND TESTED, MAY ENABLE PATIENTS TO STOP TAKING ART WITHOUT PROGRESSING TO DISEASE. DR. CHRISTIAN BRANDER AT IRSICAIXA AIDS RESEARCH INSTITUTE, BADALONA, SPAIN, AND HIS COLLEAGUES PLAN TO CLOSELY MONITOR CHANGES IN IMMUNE FUNCTION AFTER PATIENTS-WHO ARE CURRENTLY ENROLLED IN A THERAPEUTIC VACCINE CLINICAL TRIAL-STOP TAKING THEIR ANTI-HIV MEDICATION. THEIR FINDINGS WILL HELP GUIDE THE DESIGN OF MORE EFFECTIVE THERAPEUTIC VACCINES AND MAY ALSO

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ENABLE RESEARCHERS TO PREDICT WHICH INDIVIDUALS WILL RESPOND BEST IN FUTURE TRIALS. THERAPEUTIC VACCINES MAY ONE DAY PLAY AN IMPORTANT ROLE IN ACHIEVING SUSTAINED REMISSION OF HIV.

ANOTHER STUDY, LED BY DR. SATISH PILLAI AT UCSF IS EXAMINING HOW AN UNUSUAL GENETIC MUTATION-CCR5-DELTA32-MAY ENHANCE THE CURABILITY OF HIV. HE WILL MEASURE THE AMOUNT OF VIRUS THAT PERSISTS IN PATIENTS WITH OR WITHOUT THIS MUTATION. APPLYING CUTTING-EDGE LABORATORY TECHNIQUES, DR. PILLAI'S TEAM WILL COMPARE THE SIZE, COMPOSITION, AND DECAY OF THE HIV-1 LATENT RESERVOIR IN INDIVIDUALS WITH AND WITHOUT THE MUTATION.

GENE THERAPY APPROACHES ARE BEING INVESTIGATED AS A MEANS OF CURING HIV. ONE STRATEGY THAT HAS SHOWN PROMISING RESULTS USES A GENE THERAPY METHOD TO MODIFY A PATIENT'S OWN CELLS IN THE LABORATORY TO MAKE THEM RESISTANT TO VIRUS INFECTION. DR. RAFICK-PIERRE SÉKALY, AT THE VACCINE AND GENE THERAPY INSTITUTE IN PORT ST. LUCIE, FLORIDA, WILL BUILD ON THE CURRENT WORK BEING DONE USING THIS APPROACH TO DETERMINE IF VIRUS BECOMES UNDETECTABLE IN THE BLOOD AFTER STOPPING ART. HE WILL MONITOR IMMUNE RESPONSES, INFLAMMATION, AND VIRAL RESERVOIRS IN A GROUP OF PATIENTS TO ASCERTAIN THE LONG-TERM BENEFIT OF THIS THERAPY AND FACTORS THAT CAN IMPROVE OUTCOMES OF GENE THERAPY AND OTHER STRATEGIES TO CURE HIV.

MATHILDE KRIM FELLOWSHIPS

FOUR RESEARCHERS RECEIVED MATHILDE KRIM FELLOWSHIPS IN BASIC BIOMEDICAL RESEARCH, AN INITIATIVE THAT PROVIDES FUNDING FOR EXCEPTIONAL YOUNG

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RESEARCHERS WHO ARE NEW TO THE FIELD OF HIV/AIDS RESEARCH. THE INITIATIVE HAS ALREADY ACHIEVED SPECTACULAR RESULTS, INCLUDING NUMEROUS PUBLISHED STUDIES IN MAJOR SCIENTIFIC JOURNALS. THE 2013 KRIM FELLOWS-EACH OF WHOM RECEIVED \$125,000-ARE WORKING ON PROJECTS FOCUSED ON HIV/AIDS CURE AND EPIDEMIOLOGICAL RESEARCH AND VACCINE AND TREATMENT DEVELOPMENT.

AMONG THE 2013 FELLOWS IS DR. LEOPOLD KONG, PH.D., OF THE SCRIPPS RESEARCH INSTITUTE IN CALIFORNIA, WHO WILL ATTEMPT TO DEVELOP A VACCINE USING THE PROTECTIVE COATING OF SUGAR-LIKE MOLECULES THAT SURROUND THE VIRUS. THIS COATING IS TRADITIONALLY THOUGHT TO HAMPER THE DEVELOPMENT OF ANTIBODIES THAT MIGHT FORM THE BASIS OF A VACCINE. DR. KONG WILL DETERMINE WHETHER THIS PROTECTIVE COAT CAN INSTEAD BE TURNED AGAINST THE VIRUS TO RENDER IT VULNERABLE TO DESTRUCTION BY THE BODY'S IMMUNE SYSTEM. HIS RESEARCH WILL DETERMINE IF ANTIBODIES GENERATED AGAINST THESE SUGARS CAN BE USED TO DEVELOP A VACCINE THAT CAN PREVENT INFECTION.

PUBLISHED RESEARCH

RESEARCH STUDIES MAKE THE GREATEST IMPACT ON THE AIDS FIELD AND ON THE BROADER SCIENTIFIC COMMUNITY WHEN THEY ARE PUBLISHED IN SCIENTIFIC JOURNALS. IN THE PAST YEAR, AT LEAST 48 SCIENTIFIC PUBLICATIONS RESULTED FROM AMFAR-FUNDED RESEARCH.

PERFECTING TOOLS TO MONITOR HIV VIRAL LOADS  
IN THE MARCH ISSUE OF CURRENT OPINION IN HIV AND AIDS, ARCHE-FUNDED SCIENTIST DR. SARAH PALMER OF THE UNIVERSITY OF SYDNEY, AUSTRALIA,



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REVIEWED THE STATE OF KNOWLEDGE IN THE DETECTION AND MONITORING OF HIV LEVELS IN THE BLOOD OF INFECTED PEOPLE. SHE EMPHASIZES THE IMPORTANCE OF EARLY ART INITIATION AND THE VALUE OF MONITORING BLOOD HIV RNA LEVELS TO ENSURE THE VIRUS IS SUPPRESSED TO BELOW THE DETECTION CAPACITY OF STANDARD TESTS. DR. PALMER GOES ON TO DISCUSS THE DEMAND FOR ULTRASENSITIVE VIRUS DETECTION METHODS AND NOTES THAT SUCH ASSAYS, WHICH CAN FIND A SINGLE COPY OF THE VIRUS IN A MILLILITER (ABOUT A FIFTH OF A TEASPOON) OF BLOOD, CAN ALSO BE USED TO DOCUMENT VIRAL "BLIPS," OR TRANSIENT, LOW-LEVEL BURSTS OF VIRUS. SHE BELIEVES THESE METHODS WILL ENABLE RESEARCHERS TO DEFINE THE SOURCE OF PERSISTENT VIRUS IN PEOPLE ON LONG-TERM ART, AND RECENTLY STARTED USING THE TECHNIQUES TO ASSESS THE EFFICACY OF TREATMENT STRATEGIES BY WHICH LATENT HIV IS CHEMICALLY COAXED OUT OF A PERSON'S INFECTED CELLS, RENDERING THEM VULNERABLE TO ATTACK BY ART.

CONTROLLING HIV AFTER STOPPING ANTIRETROVIRAL THERAPY  
PEOPLE WITH HIV WHO ARE SUCCESSFULLY TREATED WITH ART STILL HAVE INFECTED CELLS IN WHICH THE VIRUS REMAINS SILENT AND INVULNERABLE TO ATTACK BY THE IMMUNE SYSTEM OR STANDARD ANTI-HIV DRUGS. THIS IS A CRITICAL BARRIER TO CURING HIV. SEVERAL STUDIES SHOW THAT VIRUS GROWTH QUICKLY RETURNS, IN MOST INDIVIDUALS, WITHIN WEEKS OF STOPPING TREATMENT. IN THE JANUARY ISSUE OF THE JOURNAL OF INFECTIOUS DISEASES, DR. STEVEN DEEKS OF UCSF, DR. UNA O'DOHERTY OF THE UNIVERSITY OF PENNSYLVANIA, AND COLLEAGUES DESCRIBED A CLINICAL TRIAL THAT USED A SPECIAL FORM OF INTERFERON, KNOWN AS PEGYLATED INTERFERON (PEG-IFN) ALPHA-2A TO SUPPRESS THE TYPICAL

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REBOUND IN VIRAL GROWTH THAT OCCURS AFTER HALTING ART. THEY FOUND THAT 45% OF THEIR PATIENTS MAINTAINED VIRAL LOADS OF LESS THAN 400 COPIES-AN AMOUNT SIGNIFICANTLY LESS THAN WHAT WAS EXPECTED BASED ON PRIOR TREATMENT INTERRUPTION STUDIES-WHEN GIVEN PEG-IFN IN ADDITION TO ART BEFORE HAVING THE ART WITHDRAWN. FOUR OF THE SUBJECTS HAD "UNDETECTABLE" VIRAL LOADS-LESS THAN 48 COPIES-AND STAYED OFF ALL THERAPY EXCEPT THE PEG-IFN FOR A FULL SIX MONTHS. THE AUTHORS CONCLUDE THAT THEY HAVE ESTABLISHED "A PROOF OF CONCEPT" THAT HIV GROWTH CAN BE MARKEDLY SUPPRESSED IN PEOPLE IN WHOM THE "DETRIMENTAL EFFECTS OF UNCONTROLLED HIV REPLICATION ON IMMUNE FUNCTION HAVE BEEN PARTIALLY REVERSED BY ART."

PERFECTING GENE-BASED THERAPIES TARGETING HIV GENE THERAPY-THE USE OF GENETICALLY ALTERED IMMUNE CELLS-IS A PROMISING APPROACH TO CURING HIV/AIDS. HOWEVER, THE COST AND POTENTIAL SIDE EFFECTS, WHICH INCLUDE DEATH, OF SUCH AN INVASIVE PROCEDURE RENDER IT INAPPROPRIATE FOR MOST INDIVIDUALS LIVING WITH HIV. IN THE APRIL ISSUE OF MOLECULAR THERAPY, AMFAR GRANTEES DR. MATTHEW PORTEUS OF STANFORD UNIVERSITY AND DR. SARA SAWYER OF THE UNIVERSITY OF TEXAS AT AUSTIN SUGGESTED A SAFER AND POTENTIALLY MORE ACCESSIBLE APPROACH-USING A PERSON'S OWN GENETICALLY MODIFIED IMMUNE CELLS. THEY USED AN ENZYME KNOWN AS A ZINC FINGER NUCLEASE TO INSERT A COCKTAIL OF ANTI-HIV FACTORS INTO T CELLS. THE TECHNIQUE MIMICS THE COCKTAIL OF ANTI-HIV DRUGS USED WITH ART. WHEN ALL OF THE FACTORS WERE PRESENT, IT PROVIDED "VIRTUALLY COMPLETE PROTECTION" AGAINST INFECTION BY THE TWO MAJOR STRAINS OF HIV-1, R5 AND X4. THE NEXT STEP IS TO PERFORM THE SAME PROCEDURE NOT JUST IN LABORATORY

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GROWN T CELLS, BUT IN A PATIENT'S OWN IMMUNE CELLS-EITHER T CELLS OR, ULTIMATELY, STEM CELLS.

PROGRAM SERVICE ACCOMPLISHMENTS (3)

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

LINE 4B: TREAT ASIA: AMFAR'S TREAT ASIA PROGRAM (THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING IN ASIA) INVOLVES A NETWORK OF HOSPITALS, CLINICS, AND RESEARCH INSTITUTIONS WORKING WITH CIVIL SOCIETY TO ENSURE THE SAFE AND EFFECTIVE DELIVERY OF HIV/AIDS TREATMENTS ACROSS ASIA AND THE PACIFIC. THE TREAT ASIA NETWORK ENCOMPASSES 23 ADULT AND 20 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS.

TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD)

TREAT ASIA PIONEERED THE REGION'S FIRST ADULT OBSERVATIONAL DATABASE FOR HIV/AIDS, WHICH NOW INCLUDES ANONYMOUS DATA COLLECTED FROM MORE THAN 8,526 PATIENTS AT 23 CLINICAL SITES IN 12 COUNTRIES. THE INFORMATION GATHERED AND ANALYZED THROUGH THE DATABASE INFORMS THE DEVELOPMENT OF MORE EFFECTIVE RESEARCH AND TREATMENT PROGRAMS, AND HELPS DEFINE TREATMENT STANDARDS SPECIFIC TO HIV/AIDS IN ASIA.

IN 2013, THE TAHOD NETWORK BEGAN RECRUITING PARTICIPANTS FOR A REGIONAL STUDY OF HEPATITIS C CO-INFECTION AMONG THOSE LIVING WITH HIV IN FOUR COUNTRIES: INDONESIA, MALAYSIA, THAILAND, AND VIETNAM. THE STUDY BEGAN WITH A SCREENING STUDY TO ASSESS HOW MANY HIV-POSITIVE PATIENTS IN TREAT ASIA PARTICIPATING CLINICS IN THESE COUNTRIES NEED TO START TREATMENT FOR HEPATITIS C. TREAT ASIA WILL THEN OFFER UP TO 200 OF THESE PATIENTS

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HEPATITIS C TREATMENT FOR FREE. THE STUDY AIMS TO DEVELOP A PILOT MODEL OF CARE FOR TREATING HEPATITIS C IN RESOURCE-LIMITED SETTINGS THAT CAN BE REPLICATED THROUGHOUT THE REGION, WHERE TREATMENT FOR THE DISEASE IS COSTLY AND OFTEN INACCESSIBLE.

#### TREAT ASIA PEDIATRIC NETWORK

TREAT ASIA'S PEDIATRIC NETWORK INCLUDES 20 SITES IN SEVEN COUNTRIES; THESE SITES SHARE INFORMATION AND BEST PRACTICES IN AN EFFORT TO IMPROVE THE QUALITY OF PEDIATRIC CARE IN THE REGION. THE TREAT ASIA PEDIATRIC HIV OBSERVATIONAL DATABASE (TAPHOD) WAS MODELED ON THE ADULT DATABASE, AND INCLUDES DATA FROM APPROXIMATELY 5,030 PEDIATRIC PATIENTS AT 18 CLINICAL SITES IN CAMBODIA, INDIA, INDONESIA, MALAYSIA, THAILAND, AND VIETNAM.

#### INTERNATIONAL AIDS DATABASE

TREAT ASIA MANAGES THE ASIA-PACIFIC SECTION OF THE INTERNATIONAL EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS (IEDEA), A GLOBAL COLLABORATION ESTABLISHED BY THE U.S. NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES.

#### ADOLESCENT RESEARCH

IN 2013, TREAT ASIA CONDUCTED SEVERAL STUDIES ON HOW HIV AFFECTS ADOLESCENTS PHYSICALLY, SOCIALLY, AND EMOTIONALLY. TREAT ASIA'S PEDIATRIC SITES CONDUCTED LOCAL STUDIES AMONG THEIR ADOLESCENT HIV PATIENTS TO INVESTIGATE HIV'S IMPACT ON THEIR HEALTH. AMONG OTHER ISSUES, THEY ASSESSED CARDIOVASCULAR FUNCTION, BONE MINERAL DENSITY, INCIDENCE OF

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HUMAN PAPILLOMAVIRUS, MODELS FOR REPRODUCTIVE HEALTHCARE, AND OPTIMIZING DRUG ADHERENCE.

IN ADDITION, TREAT ASIA IS CONDUCTING AN ONGOING STUDY USING AN AUDIO-COMPUTER-ASSISTED SURVEY INSTRUMENT (ACASI) TO BETTER UNDERSTAND HOW ADOLESCENTS EXPERIENCE LIVING WITH HIV BY ALLOWING THEM TO ANONYMOUSLY RESPOND TO QUESTIONS USING A COMPUTER INTERFACE ABOUT WHETHER THEY ARE TAKING THEIR MEDICINES; IF THEY HAVE TRIED ALCOHOL, TOBACCO, OR OTHER DRUGS; THEIR SEXUAL BEHAVIOR; AND STIGMA THEY MAY HAVE EXPERIENCED AT SCHOOL OR AT HOME.

EXPLORING LINKS BETWEEN HIV AND CANCER AMONG HIV-POSITIVE MSM, THE RISK OF ANAL CANCER IS TWICE AS HIGH COMPARED TO THOSE WHO ARE HIV-NEGATIVE, BUT LITTLE RESEARCH HAS BEEN DONE ON THIS ISSUE IN ASIA. IN 2009, USING FUNDING FROM IEDEA, TREAT ASIA BEGAN SUPPORTING AN INNOVATIVE RESEARCH STUDY EXPLORING THE LINKS BETWEEN HIV AND ANAL CANCER AND LOOKING AT CANCER BIOMARKERS IN AN ATTEMPT TO BETTER IDENTIFY MSM WITH PRE-CANCEROUS ANAL LESIONS. RESEARCH ON HPV AND ANAL CANCER RISK AMONG MSM IS ONGOING IN THE THREE ORIGINAL SITES IN BANGKOK, BALI, AND JAKARTA.

#### BUILDING RESEARCH CAPACITY

TREAT ASIA HAS IMPLEMENTED A RESEARCH EDUCATION PROGRAM TO HELP NETWORK MEMBERS STRENGTHEN THEIR SKILLS IN CONDUCTING CLINICAL RESEARCH AND TO BOOST THE OVERALL QUALITY OF CARE IN THE REGION. TREAT ASIA ORGANIZED

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FIVE WORKSHOPS AND TRAINING SESSIONS IN 2013, INCLUDING SESSIONS ON MANAGING HIV AND HEPATITIS C CO-INFECTION, GOOD CLINICAL PRACTICES AND RESEARCH ETHICS, AND CLINICAL MANAGEMENT OF PEDIATRIC HIV.

BUILDING COMMUNITY TREATMENT LITERACY AND PROMOTING ADVOCACY FOR TREATMENT ACCESS COMMUNICATING TREATMENT INFORMATION ABOUT A DISEASE AS COMPLEX AS HIV/AIDS CAN BE DAUNTING, BUT PATIENTS' LIVES DEPEND ON IT. TREAT ASIA WORKS CLOSELY WITH REGIONAL ORGANIZATIONS TO SUPPORT TREATMENT LITERACY ACTIVITIES, INCLUDING THE PRODUCTION OF "COMMUNITY-FRIENDLY" EDUCATIONAL BROCHURES ON HIV TREATMENT STANDARDS IN LOCAL LANGUAGES.

IN 2013, TREAT ASIA DEVELOPED A SERIES OF EDUCATIONAL MATERIALS ABOUT HEPATITIS C INFECTION AND TREATMENT TITLED LIFE LOVES THE LIVER THAT INCLUDES ANIMATED VIDEO SEGMENTS, BOOKLETS, AND FLIP CHARTS. ALL MATERIALS HAVE BEEN DEVELOPED IN BAHASA INDONESIA, CHINESE, ENGLISH, MALAY, THAI, AND VIETNAMESE AND WILL BE DISTRIBUTED TO TREAT ASIA'S LOCAL, NATIONAL, REGIONAL, AND GLOBAL PARTNERS. THEY WILL ALSO BE MADE AVAILABLE ON TREAT ASIA'S INTERNAL WEBPAGE AND ITS PUBLIC YOUTUBE CHANNEL.

TREAT ASIA ALSO CONTINUED TO PUBLISH LAY-LANGUAGE ARTICLES ABOUT NEW RESEARCH IN THE FIELDS OF PREVENTION, TREATMENT, AND BASIC SCIENCE. THE GOAL OF THESE ARTICLES IS TO EXPLAIN HIV/AIDS RESEARCH ADVANCES FOR PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES, COMMUNITIES, AND

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CAREGIVERS ACROSS ASIA. THE ARTICLES APPEAR IN THE TREAT ASIA REPORT AND ON TREAT ASIA'S WEBSITE, WWW.TREATASIA.ORG.

7TH IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION TREAT ASIA WAS WELL REPRESENTED AT THE CONFERENCE IN JUNE 2013 IN KUALA LUMPUR, MALAYSIA. IN ADDITION TO ACTIVITIES DURING THE MAIN CONFERENCE, TREAT ASIA STAFF AND NETWORK INVESTIGATORS PARTICIPATED IN PRE-CONFERENCE WORKSHOPS ON HIV PEDIATRIC AND CURE RESEARCH. AT THE PEDIATRIC WORKSHOP, A TREAT ASIA STUDY WAS PRESENTED ON THE CORRELATION BETWEEN HIV DRUG LEVELS IN HAIR SAMPLES AND VIRUS CONTROL OUTCOMES, AND DR. ANNETTE SOHN, AMFAR VICE PRESIDENT AND DIRECTOR OF THE TREAT ASIA PROGRAM, PARTICIPATED IN A DEBATE ON THE NEED FOR PRE-EXPOSURE PROPHYLAXIS FOR YOUTHS AT RISK OF HIV. AT THE MAIN CONFERENCE, TREAT ASIA STUDIES WERE PRESENTED ON THE LONG-TERM IMPACT OF PERINATALLY ACQUIRED HIV INFECTION AND ANTIRETROVIRAL THERAPY IN ADOLESCENTS, THE PREVALENCE OF HEPATITIS B AND C CO-INFECTIONS AMONG ADULTS IN TREAT ASIA'S REGIONAL HIV RESEARCH NETWORK, AND THE RISK OF ANAL CANCER AMONG MEN WHO HAVE SEX WITH MEN IN THAILAND AND INDONESIA.

16TH BANGKOK SYMPOSIUM ON HIV MEDICINE AMFAR CONTINUED ITS SPONSORSHIP OF THIS ANNUAL REGIONAL SYMPOSIUM, WHICH WAS HELD IN JANUARY 2013 IN BANGKOK. DR. SOHN SPOKE ABOUT HUMAN PAPILOMAVIRUS INFECTION AMONG HIV-INFECTED YOUTHS. TREAT ASIA ALSO SUPPORTED A SPECIAL WORKSHOP DURING THE SYMPOSIUM ON THE CHALLENGES FACED WHILE TRANSITIONING PERINATALLY INFECTED CHILDREN TO ADULT HIV CARE.

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## PROGRAM SERVICE ACCOMPLISHMENTS (4)

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

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

## EDUCATIONAL MATERIALS

AMFAR PRODUCES A RANGE OF PERIODICALS IN BOTH PRINT AND ELECTRONIC FORMATS, INCLUDING ITS NEWSLETTER INNOVATIONS, PUBLISHED TWICE A YEAR AND DISTRIBUTED TO MORE THAN 40,000 PEOPLE; THE TREAT ASIA REPORT, PUBLISHED AND DISTRIBUTED THREE TIMES A YEAR TO MORE THAN 5,000 READERS IN THE INTERNATIONAL HEALTH COMMUNITY; AND A MONTHLY E-MAIL NEWSLETTER DISTRIBUTED TO MORE THAN 100,000 PEOPLE. THE FOUNDATION'S NEWLY REDESIGNED WEBSITE FEATURES NEWS, INTERVIEWS, AND ORIGINAL ARTICLES COVERING SCIENCE, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVITIES.

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



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THE BATTLE OF AMFAR

AMFAR HELPED PROMOTE AND ORGANIZE SCREENINGS OF THE BATTLE OF AMFAR, A DOCUMENTARY FILM TELLING THE STORY OF HOW SWISS SCIENTIST DR. MATHILDE KRIM AND HOLLYWOOD MOVIE STAR ELIZABETH TAYLOR JOINED FORCES TO CREATE AMFAR IN 1985. THE FILM PLAYED AT PROMINENT FILM FESTIVALS THROUGHOUT 2013 AND WAS AN OFFICIAL SELECTION AT THE SUNDANCE AND TRIBECA FILM FESTIVALS. IT PREMIERED ON HBO IN DECEMBER 2013.

SOCIAL MEDIA

AMFAR VIGOROUSLY EXPANDED ITS PRESENCE IN THE SOCIAL MEDIA ARENA, REACHING LARGE NUMBERS OF PEOPLE, INCLUDING A YOUNGER DEMOGRAPHIC THAT IS OFTEN LESS EDUCATED ABOUT HIV/AIDS. THE FOUNDATION REGULARLY ADDED CONTENT TO ITS FACEBOOK PAGE, CREATED AN INSTAGRAM ACCOUNT, AND LIVE TWEETED AND POSTED IMAGES ON INSTAGRAM FROM FUNDRAISING AND PROGRAM EVENTS. AMFAR PASSED 45,000 LIKES ON FACEBOOK IN 2013 AND NOW HAS NEARLY 20,000 TWITTER FOLLOWERS AND NEARLY 6,000 INSTAGRAM FOLLOWERS.

MEDIA OUTREACH

AMFAR CONTINUED TO WORK CLOSELY WITH THE MEDIA TO RAISE THE PROFILE OF HIV/AIDS, BOTH DOMESTICALLY AND INTERNATIONALLY, AND TO HELP ENSURE THE ACCURACY OF AIDS PRESS COVERAGE. ARTICLES AND REPORTS INVOLVING AMFAR-MANY OF WHICH INCLUDED INTERVIEWS WITH AMFAR SPOKESPEOPLE-WERE CARRIED IN NUMEROUS MEDIA OUTLETS, INCLUDING THE NEW YORK TIMES, THE WALL STREET JOURNAL, THE WASHINGTON POST, THE ASSOCIATED PRESS, REUTERS,

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BLOOMBERG NEWS, CNN, AND THE HUFFINGTON POST.

AMFAR'S PUBLIC AWARENESS EFFORTS ARE GREATLY ENHANCED BY THE COMMITTED SUPPORT OF PUBLIC FIGURES WHO LEND THEIR VOICES AND DONATE THEIR TIME, TALENTS, AND RESOURCES TO HELP SUSTAIN THE FOUNDATION'S MISSION. SUPPORT OF AMFAR BY PROMINENT PUBLIC FIGURES BEGAN WITH THE LATE DAME ELIZABETH TAYLOR, AND OTHERS HAVE FOLLOWED IN HER FOOTSTEPS. AMFAR IS PROFOUNDLY GRATEFUL FOR THE CONTINUING STEADFAST SUPPORT OF GLOBAL FUNDRAISING CHAIRMAN SHARON STONE. IN 2013, CELEBRITY SUPPORTERS INCLUDED AMFAR AMBASSADORS CHEYENNE JACKSON, JANET JACKSON, MILLA JOVOVICH, LIZA MINNELLI, AND MICHELLE YEOH, AS WELL AS LEONARDO DICAPRIO, HEIDI KLUM, ALAN CUMMING, AISHWARYA RAI, ABHISHEK BACHCHAN, KE\$HA, GLADYS KNIGHT, JESSICA CHASTAIN, DAME SHIRLEY BASSEY, HILARY SWANK, KYLIE MINOGUE, DURAN DURAN, ROSARIO DAWSON, ROSIE PEREZ, ZACHARY QUINTO, ADRIEN BRODY, DITA VON TEESE, PRETA GIL, CHELSEA HANDLER, AND CARLY RAE JEPSEN, AMONG MANY OTHERS.

PROGRAM SERVICE ACCOMPLISHMENTS (5)

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

LINE 4D: THE GMT INITIATIVE: SINCE 2007, AMFAR HAS BEEN SERVING THE HIV-RELATED NEEDS OF GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN (MSM), AND TRANSGENDER INDIVIDUALS (COLLECTIVELY, GMT) THROUGHOUT THE DEVELOPING WORLD THROUGH ITS GMT INITIATIVE. THROUGH SMALL, TARGETED GRANTS TO GRASSROOTS GROUPS, AMFAR HELPS EXPAND ACCESS TO HIV EDUCATION AND PREVENTION SERVICES; SUPPORTS ADVOCACY AIMED AT INCREASING FUNDING FOR PREVENTION AND TREATMENT SERVICES; AND WORKS TO END THE STIGMA,

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DISCRIMINATION, AND VIOLENCE THAT THREATEN THE LIVES OF GMT AND FUEL THE SPREAD OF HIV/AIDS.

#### COMMUNITY AWARDS

IN 2013, AMFAR AWARDED MORE THAN \$710,000 TO 39 GROUPS IN AFRICA, THE CARIBBEAN, EASTERN EUROPE AND CENTRAL ASIA, AND LATIN AMERICA FOR A WIDE RANGE OF PROJECTS ADDRESSING HIV PREVENTION, OUTREACH, EDUCATION, ADVOCACY, TESTING, RESEARCH, AND CAPACITY BUILDING. SAMPLE FUNDED PROJECTS INCLUDE:

#### AFRICA

MEN AGAINST AIDS YOUTH GROUP (MAAYGO) (KISUMU, KENYA)  
MAAYGO IS CONDUCTING A NEEDS ASSESSMENT AMONG GMT COMMUNITY MEMBERS, HEALTH AND SOCIAL SERVICE PROVIDERS, MICRO-CREDIT INSTITUTIONS, AND EMPLOYERS IN ORDER TO BETTER UNDERSTAND BARRIERS TO ECONOMIC EMPOWERMENT AND IMPROVED HEALTH OUTCOMES FOR GMT. THE RESULTS OF THE ASSESSMENT WILL BE USED TO INCREASE ACCESS TO HEALTH SERVICES BY HELPING HEALTH AND SOCIAL SERVICE PROVIDERS TO CREATE GMT-FRIENDLY ENVIRONMENTS. IN ADDITION, MAAYGO WILL PROMOTE ECONOMIC INDEPENDENCE FOR GMT THROUGH JOB SKILLS TRAININGS AND A GMT-FOCUSED MICRO-CREDIT PROGRAM.

#### CARIBBEAN

KOURAJ (PORT-AU-PRINCE, HAITI)  
KOURAJ WILL ORGANIZE A TRAINING PROGRAM TO EDUCATE KEY GMT LEADERS ON HUMAN RIGHTS. THESE SAME LEADERS WILL ALSO RECEIVE TRAINING IN BASIC

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RESEARCH TECHNIQUES SO THEY CAN CONDUCT A SERIES OF INTERVIEWS WITH GMT TO DOCUMENT AND BETTER UNDERSTAND THE LEVEL OF HUMAN RIGHTS ABUSES AND VIOLENCE GMT EXPERIENCE. THE INFORMATION COLLECTED FROM THESE INTERVIEWS WILL BE ANALYZED AND USED TO DEVELOP A HUMAN RIGHTS BRIEF THAT WILL SERVE AS A TOOL TO ADVOCATE FOR GREATER INCLUSION OF GMT IN NATIONAL DISCUSSIONS ON HIV AND HEALTH, AS WELL AS TO ADVOCATE FOR REDUCED STIGMA AND DISCRIMINATION AGAINST GMT.

EASTERN EUROPE AND CENTRAL ASIA

SAFE PULSE OF YOUTH (SPY) (BELGRADE, SERBIA)

SPY IS INCREASING THE NUMBER OF GMT INDIVIDUALS TESTED FOR HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS THROUGH THE USE OF A MOBILE TESTING VAN AND AT ITS DROP-IN CENTER "BGD CHECKPOINT." SPY WILL ALSO STRENGTHEN LINKAGES TO MENTAL HEALTH AND SOCIAL SUPPORT SERVICES FOR GMT LIVING WITH HIV IN BELGRADE AND DOCUMENT AND DISSEMINATE CASES OF STIGMA AND DISCRIMINATION EXPERIENCED BY GMT IN PUBLIC AND PRIVATE HEALTHCARE INSTITUTIONS.

LATIN AMERICA

ASOCIACIÓN SOLIDARIA PARA IMPULSAR EL DESARROLLO HUMANO (ASPI-DH) (SAN SALVADOR, EL SALVADOR)

IN ITS SECOND YEAR AS AN AMFAR GRANTEE, ASPI-DH WILL EXPAND ITS "OPEN ROAD 2011" PROJECT TO ADDITIONAL REGIONS IN EL SALVADOR AND WILL CONTINUE TRAINING HEALTHCARE PROVIDERS AT 24 PUBLIC HEALTH CENTERS ACROSS THE COUNTRY ON THE NEEDS OF GMT PEOPLE. ASPI-DH WILL FOCUS ON REDUCING STIGMA

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AND DISCRIMINATION WITHIN HEALTH CENTERS IN AN EFFORT TO ENCOURAGE UPTAKE OF HIV PREVENTION, TREATMENT, AND CARE FOR GMT. THIS WILL BE ACCOMPLISHED BY ORGANIZING "OPEN DOOR" DAYS AT THE CENTERS THAT HAVE PARTICIPATED IN THE TRAININGS. ASPI-DH WILL ALSO DEPLOY PATIENTS AS UNDERCOVER EVALUATORS OR MYSTERY CLIENTS WHO WILL VISIT THE CENTERS IN ORDER TO EVALUATE THE QUALITY OF CARE.

#### "IN ACTION" AWARDS

THE GMT INITIATIVE ALSO MADE THREE AWARDS AS PART OF ITS ADVOCACY IN ACTION PROGRAM, WHICH SUPPORTS GMT-LED COMMUNITY-BASED ORGANIZATIONS THAT WISH TO INFLUENCE THE POLICIES OF GOVERNMENTS AND EXTERNAL DONORS. FOUR AWARDS WERE MADE UNDER ITS EVIDENCE IN ACTION PROGRAM, WHICH DOCUMENTS AND EVALUATES THE IMPACT OF COMMUNITY-BASED PROGRAMS WITH THE ULTIMATE GOAL OF IMPLEMENTING THE MOST WORKABLE STRATEGIES FOR STOPPING THE SPREAD OF HIV/AIDS. EVIDENCE IN ACTION WAS DEVELOPED WITH SUPPORT FROM VIIV HEALTHCARE'S POSITIVE ACTION PROGRAM AND THE ELTON JOHN AIDS FOUNDATION. AWARDS FOR THESE TWO PROGRAMS IN 2013 TOTALED APPROXIMATELY \$150,000.

#### PUBLICATIONS

AS PART OF ITS EFFORTS TO RAISE AWARENESS AMONG GOVERNMENTS, DONORS, AND INTERNATIONAL NONGOVERNMENTAL ORGANIZATIONS OF THE SPREAD OF HIV AMONG GMT AND TO ADVOCATE FOR EFFECTIVE STRATEGIES TO ADDRESS IT, AMFAR PUBLISHES A RANGE OF REPORTS. IN MAY 2013, AMFAR PUBLISHED ACHIEVING AN AIDS-FREE GENERATION FOR GAY MEN AND OTHER MSM IN SOUTHERN AFRICA WITH THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH. THIS REPORT DETAILS

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HOW UNDERFINANCING, DISCRIMINATION, AND STIGMA UNDERMINE EFFORTS TO ADDRESS HIV AMONG GMT IN THE REGION AND MAKES RECOMMENDATIONS ABOUT HOW POLICYMAKERS CAN BETTER ADDRESS THE NEEDS OF GMT. INDIVIDUAL COUNTRY PROFILES ON BOTSWANA, MALAWI, NAMIBIA, SWAZILAND, ZAMBIA, AND ZIMBABWE WERE ALSO PRODUCED TO SUPPLEMENT THE REPORT. THE GMT INITIATIVE BLOG, GRASSROOTS, POSTED ARTICLES THROUGHOUT THE YEAR THAT DISCUSS VARIOUS HIV-RELATED ISSUES THE GMT INITIATIVE'S GRANTEE PARTNERS ARE FACING AND HOW THESE ISSUES IMPACT THEIR LIVES AND ORGANIZATIONS.

TECHNICAL CONSULTATION ON INNOVATIVE USES OF COMMUNICATION TECHNOLOGY FOR HIV PROGRAMMING FOR MSM AND TRANSGENDER POPULATIONS AMFAR CO-HOSTED THIS MEETING IN WASHINGTON, D.C., MAY 2-3, 2013, IN PARTNERSHIP WITH THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) AND USAID. DURING THE MEETING, ATTENDING ACTIVISTS FROM AROUND THE WORLD WERE LINKED WITH TECHNICAL LEADERS AND PROGRAM PLANNERS FROM THE U.S. WHO ARE WORKING TO COMBAT THE HIV EPIDEMIC AMONG GMT INTERNATIONALLY. PRIOR TO THE MEETING, AMFAR HOSTED A SKILLS-BUILDING SESSION FOR FIVE GMT INITIATIVE GRANTEES THAT OFFERED THEM STRATEGIES TO INCREASE THEIR PROGRAMS' EFFECTIVENESS.

PROGRAM SERVICE ACCOMPLISHMENTS (6)

PART III, LINE 4A-4D (6)

LINE 4D: PUBLIC POLICY: INFORMED BY THOROUGH RESEARCH AND ANALYSIS, AMFAR IS A HIGHLY RESPECTED ADVOCATE OF RATIONAL AND COMPASSIONATE AIDS-RELATED PUBLIC POLICY. THE FOUNDATION IS ENGAGED IN EFFORTS TO SECURE NECESSARY INCREASES IN FUNDING FOR HIV/AIDS RESEARCH; IMPLEMENT

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THE NATIONAL HIV/AIDS STRATEGY; EXPAND ACCESS TO CARE AND TREATMENT; AND PROTECT THE CIVIL RIGHTS OF ALL PEOPLE AFFECTED BY HIV/AIDS.

CAPITOL HILL BRIEFINGS

WHERE ARE WE IN ENDING THE AIDS EPIDEMIC? AN UPDATE ON THE SCIENCE, JULY 18, 2013

AMFAR, ALONG WITH IDSA CENTER FOR GLOBAL HEALTH POLICY AND THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION, CO-SPONSORED TWO BRIEFINGS THAT FEATURED LEADING RESEARCHERS DISCUSSING THE LATEST RESEARCH ON CORE EVIDENCE-BASED INTERVENTIONS FOR ACHIEVING AN AIDS-FREE GENERATION. SPEAKERS WERE DR. MYRON COHEN OF THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, DR. LAURA GUAY FROM THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION, DR. RENEE RIDZON OF AKESO ASSOCIATES, AND DR. CHRIS BEYRER OF THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH.

PRESCRIPTION OPIOIDS, HEROIN AND DISEASE PREVENTION: LAW ENFORCEMENT, RESEARCH, AND COMMUNITY PERSPECTIVES, JULY 23, 2013

THE BRIEFING HIGHLIGHTED THE NEED TO OVERTURN THE BAN ON FEDERAL FUNDING FOR SYRINGE SERVICES PROGRAMS (SSPS) IN THE FACE OF AN ALARMING INCREASE IN INJECTION DRUG USE IN THE UNITED STATES. SSPS ARE ESSENTIAL FOR COMBATING THE SPREAD OF HIV THROUGH THE SHARING OF CONTAMINATED NEEDLES. A SHORT FILM PRODUCED BY AMFAR, TITLED THE EXCHANGE (SEE BELOW), WAS SCREENED AND FOLLOWED BY A DISCUSSION OF PROGRAM AND POLICY ISSUES CRITICAL TO ADVANCING PUBLIC SAFETY AND HEALTH. SPEAKERS INCLUDED SEATTLE POLICE CHIEF JIM PUGEL, DR. JENNIFER HAVENS OF THE UNIVERSITY OF

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KENTUCKY, AND KRISTIN DUBAY HORTON OF THE BRIDGEPORT (CT) HEALTH DEPARTMENT.

HARM REDUCTION

AS ONE OF THE EARLIEST SUPPORTERS OF COMPREHENSIVE HARM REDUCTION PROGRAMS FOR PEOPLE WHO INJECT DRUGS (PWID), INCLUDING SYRINGE EXCHANGE, AMFAR HAS PLAYED A LEADING ROLE IN ADVOCATING THE IMPLEMENTATION OF THESE LIFESAVING HIV PREVENTION PROGRAMS.

ADDRESSING THE NEED TO OVERTURN THE BAN ON FEDERAL FUNDING FOR SYRINGE SERVICES PROGRAMS, AMFAR PRODUCED FOUR SHORT FILMS ON THE WIDE-RANGING PUBLIC HEALTH AND ECONOMIC BENEFITS OF SSPS AND LAUNCHED A NEW WEBSITE DESIGNED TO EDUCATE POLICYMAKERS AND THE PUBLIC ON THE URGENT NEED FOR THESE PROGRAMS. ADDITIONALLY, AMFAR'S POLICY OFFICE PRODUCED A NUMBER OF ISSUE BRIEFS AND FACT SHEETS ADDRESSING HIV AMONG PWID AND THE VALUE OF SSPS TO THIS HIGH-RISK POPULATION, INCLUDING A MAP OF SSP COVERAGE IN THE UNITED STATES.

IN JULY, AMFAR HOSTED A TWO-DAY THINK TANK ON IMPLEMENTATION SCIENCE FOR PWID. THERE ARE HIGHLY EFFECTIVE INTERVENTIONS FOR PREVENTING HIV TRANSMISSION AND ACQUISITION AMONG PWID, BUT COVERAGE LEVELS REMAIN LOW, STYMIED BY COUNTERPRODUCTIVE POLICY AND LEGAL FRAMEWORKS, AS WELL AS BY A LACK OF ACCESS TO INDIVIDUALS IN NEED OF SERVICES. SOME KEY POINTS OF DISCUSSION DURING THE EVENT INCLUDED USING IMPLEMENTATION SCIENCE TO INCREASE OUR UNDERSTANDING OF HOW TO REACH AND RETAIN PWID WITH CURRENTLY



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AVAILABLE PROGRAMS AND TECHNOLOGY, EFFORTS TO DISTRIBUTE LOW DEAD SPACE SYRINGES (WHICH HAVE BEEN SHOWN TO REDUCE HIV AND HEPATITIS C TRANSMISSION AMONG PWID), AND ADDRESSING MENTAL ILLNESS AND SOCIAL ISSUES SURROUNDING DRUG USE (E.G., HOMELESSNESS).

SHAPING THE DOMESTIC RESPONSE TO HIV/AIDS

AMFAR HAS LONG ADVOCATED THE IMPLEMENTATION OF A COMPREHENSIVE NATIONAL HIV/AIDS STRATEGY TO ADDRESS THE EPIDEMIC IN THE U.S., WHERE MORE THAN ONE MILLION PEOPLE ARE LIVING WITH THE VIRUS. IN AUGUST, THE PUBLIC POLICY OFFICE CONTRIBUTED AN OPINION PIECE TO THE HUFFINGTON POST BY AMFAR CHAIRMAN KENNETH COLE AND REP. BARBARA LEE (CA) OBSERVING THE THIRD ANNIVERSARY OF THE NATIONAL HIV/AIDS STRATEGY. THE EDITORIAL SUMMARIZED PROGRESS OVER THE LAST THREE YEARS ON TACKLING THE AIDS EPIDEMIC DOMESTICALLY AND CALLED FOR A RENEWED COMMITMENT BY PROVIDERS, ADVOCATES, AND POLICYMAKERS TO REALIZE THE VISION OF AN AIDS-FREE GENERATION.

ADDITIONALLY, AMFAR PRODUCED A NUMBER OF ISSUE BRIEFS, FACT SHEETS, AND INFOGRAPHICS SHOWING HOW CUTS TO DOMESTIC HIV/AIDS PROGRAMMING AND RESEARCH FUNDING THROUGH FEDERAL SEQUESTRATION UNDERMINE THE DOMESTIC RESPONSE TO THE EPIDEMIC.

GLOBAL HEALTH

AT THE INTERNATIONAL AIDS CONFERENCE IN 2012, AMFAR RELEASED "AN ACTION AGENDA TO END AIDS," DEVELOPED WITH AVAC, TO IDENTIFY MAJOR SHORT-TERM PRIORITIES FOR GLOBAL AIDS PROGRAMS TOGETHER WITH REALISTIC, ANNUAL

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TARGETS THROUGH 2016, IN AN EFFORT TO ESTABLISH A STRONG, SUSTAINABLE FOUNDATION FOR ENDING AIDS. IN 2013, ONE YEAR AFTER THE CONFERENCE, AMFAR PRODUCED A FOLLOW-UP REPORT ASSESSING THE WORLD'S PROGRESS TO DATE. THE REPORT DESCRIBES PROGRESS BEING MADE IN CERTAIN KEY AREAS, INCLUDING INCREASES IN THE TOTAL NUMBER OF PEOPLE ON ART, THE AMOUNT OF PREGNANT WOMEN LIVING WITH HIV WHO RECEIVED ANTIRETROVIRAL MEDICATION, THE NUMBER OF MEN CIRCUMCISED, AND THE ESTIMATED NUMBER OF PEOPLE ELIGIBLE FOR ART UNDER NEW THERAPY GUIDELINES. THE REPORT ALSO IDENTIFIES AREAS WHERE THE GLOBAL AIDS RESPONSE IS FALLING SHORT, INCLUDING PERSISTENT COVERAGE GAPS IN SCALING UP CORE INTERVENTIONS, WIDESPREAD STIGMA AND DISCRIMINATION, AND INADEQUATE ACCESS TO KEY DIAGNOSTIC TOOLS.

ADDITIONALLY, IN 2013, AMFAR REPORTED EXTENSIVELY ON THE IMPACT OF BUDGET SEQUESTRATION ON GLOBAL HEALTH, WITH SPECIFIC ATTENTION TO HOW FUNDING CUTS TO THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)-WOULD UNDERMINE THE DECADE'S WORTH OF PROGRESS MADE BY THE LARGEST INTERNATIONAL RESPONSE PROGRAM TO THE GLOBAL AIDS EPIDEMIC.

GMT

GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN, AND TRANSGENDER INDIVIDUALS-COLLECTIVELY REFERRED TO AS GMT-REMAIN ONE OF THE HARDEST HIT AND MOST UNDERSERVED POPULATIONS IN THE GLOBAL HIV/AIDS EPIDEMIC. AMFAR'S POLICY OFFICE WORKS CLOSELY WITH THE FOUNDATION'S GMT INITIATIVE TO ADVOCATE FOR EXPANDED ACCESS TO HIV PREVENTION AND TREATMENT SERVICES FOR GMT WORLDWIDE, AND TO FIGHT THE STIGMA AND DISCRIMINATION THAT MAKE GMT

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MORE VULNERABLE TO HIV INFECTION AND INHIBIT EQUAL ACCESS TO CARE.

IN MAY, AMFAR RELEASED A NEW REPORT-ACHIEVING AN AIDS-FREE GENERATION FOR GAY MEN AND OTHER MSM IN SOUTHERN AFRICA-ON FUNDING AND POLICY RELATED TO TACKLING THE HIV EPIDEMIC AMONG GAY MEN AND OTHER MSM IN SOUTHERN AFRICA (SEE GMT INITIATIVE).

AN ISSUE BRIEF RELEASED BY AMFAR IN AUGUST, TITLED TACKLING HIV/AIDS AMONG KEY POPULATIONS: ESSENTIAL TO ACHIEVING AN AIDS-FREE GENERATION, ARGUES THAT ENDING THE AIDS PANDEMIC WILL NOT BE POSSIBLE WITHOUT GREATLY INCREASED EFFORTS TO REDUCE NEW INFECTIONS AND PREVENT AIDS-RELATED DEATHS AMONG KEY POPULATIONS AT HIGHEST RISK OF HIV. THE BRIEF REPORTS THAT KEY POPULATIONS (INCLUDING GMT) ARE SEVERELY AND DISPROPORTIONATELY AFFECTED BY HIV ON A GLOBAL LEVEL-WITH EPIDEMICS AMONG THESE INDIVIDUALS CONTINUING TO GROW DESPITE AN OVERALL DECLINE IN NEW INFECTION RATES-AND THAT THEY ARE LARGELY NEGLECTED BY HIV TREATMENT AND PREVENTION EFFORTS AS A RESULT (DIRECTLY AND INDIRECTLY) OF DISCRIMINATORY LAWS AND POLICIES. THE ISSUE BRIEF HIGHLIGHTS A FEW OF THE EVIDENCE-BASED STRATEGIES THAT ARE AVAILABLE TO SUBSTANTIALLY REDUCE THE NUMBER OF NEW INFECTIONS AND AIDS-RELATED DEATHS AMONG KEY POPULATIONS.

POLICIES

FORM 990, PART VI, SECTION B

LINE 11 - THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR

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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

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FORM 990, PART VI, SECTION C

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

FUNCTIONAL EXPENSES

PART IX, LINES 1 & 3

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

OTHER CHANGES IN NET ASSETS

FORM 990, SECTION XI, LINE 9

CHANGE IN VALUE OF THIRD PARTY TRUST.....	(\$29,887)
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TOTAL LINE 9	(\$29,887)
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FOUNDATION FOR AIDS RESEARCH IS AN INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN NEW YORK IN 1989. AMFAR WAS FORMED THROUGH THE UNIFICATION IN 1985 OF TWO NOT-FOR-PROFIT ORGANIZATIONS, THE AIDS MEDICAL FOUNDATION ("AMF"), INCORPORATED IN NEW YORK IN APRIL 1983, AND THE NATIONAL AIDS RESEARCH FOUNDATION, INCORPORATED IN CALIFORNIA IN AUGUST 1985. FIRST BASED IN CALIFORNIA, AMFAR TRANSFERRED ITS LEGAL DOMICILE TO NEW YORK IN 1989, USING THE INITIAL INCORPORATION DOCUMENTS OF AMF, MAKING IT AMF'S LEGAL SUCCESSOR. AMFAR HAS OFFICES IN NEW YORK, NY, WASHINGTON, D.C., AND BANGKOK, THAILAND. ON MARCH 7, 2005, THE BOARD OF TRUSTEES OF THE AMERICAN FOUNDATION FOR AIDS RESEARCH APPROVED A CHANGE IN LEGAL NAME TO "THE 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:

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

- RESEARCH TO EXPLORE SCIENTIFIC APPROACHES TO HIV PREVENTION, TREATMENT, AND POTENTIAL CURES, AND TO ENHANCE THE HEALTH AND SURVIVAL OF PEOPLE WITH HIV/AIDS;
- INTERNATIONAL INITIATIVES TO FACILITATE THE DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE RESEARCH, TREATMENT, PREVENTION, AND EDUCATION STRATEGIES IN DEVELOPING COUNTRIES;
- PUBLIC POLICY ANALYSIS AND THE ADVOCACY OF RATIONAL AND COMPASSIONATE POLICIES THAT PROMOTE PUBLIC HEALTH AND PROTECT THE RIGHTS OF PEOPLE THREATENED BY HIV/AIDS;
- EDUCATIONAL INITIATIVES TO BUILD AWARENESS OF THE CONTINUED THREAT HIV/AIDS POSES AND TO PUBLISH UPDATES ABOUT THE LATEST MEDICAL, SCIENTIFIC, AND PREVENTION ADVANCES FOR PEOPLE WITH HIV/AIDS, HEALTHCARE PROFESSIONALS, AND THE PUBLIC.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
GMT INITIATIVE	1,132,282.	2,363,749.	0
PUBLIC POLICY	207,642.	2,039,872.	0
TOTALS	<u>1,339,924.</u>	<u>4,403,621.</u>	<u>0</u>

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

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

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

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ATTACHMENT 3 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

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>
JOSH WOODS PRODUCTION 39 WEST 14TH STREET, SUITE 504 NEW YORK, NY 10011	EVENTS PRODUCTION	448,921.
AAB PRODUCTIONS 64 ALLEN ROAD, 5TH FLOOR NEW YORK, NY 10002	EVENTS PRODUCTION	252,500.
GRANT THORNTON LLP 1901 W MEYERS ROAD, SUITE 455 OAKBROOK TERRACE, IL 60181	ACCOUNTING & AUDIT	151,260.
THE MORRIS & KING COMPANY LLC 101 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10003	PUBLIC RELATIONS	148,000.
GLOBAL HEALTH INSTITUTE, LLC 5530 WISCONSIN AVENUE, SUITE 1255 CHEVY CHASE, MD 20815	PROGRAM DEVELOPMENT	110,368.