

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

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 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 2012

| | | | | | |
|---|--|--|---|---|--------------------------------------|
| 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 | C Name of organization THE FOUNDATION FOR AIDS RESEARCH | | | D Employer identification number 13-3163817 | |
| | Doing Business As AMFAR | | | E Telephone number (212) 806-1600 | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | | |
| | 120 WALL STREET 13TH FLOOR | | | | |
| City or town, state or country, and ZIP + 4 NEW YORK, NY 10005-3908 | | | G Gross receipts \$ 44,785,693. | | |
| F Name and address of principal officer: KEVIN FROST 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005 | | | H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | | | H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> if "No," attach a list. (see instructions) | | |
| I Tax-exempt status: | <input checked="" type="checkbox"/> 501(c)(3) | <input type="checkbox"/> 501(c) () ◀ (insert no.) | <input type="checkbox"/> 4947(a)(1) or | <input type="checkbox"/> 527 | |
| J Website: ▶ WWW.AMFAR.ORG | | | H(c) Group exemption number ▶ | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1983 | | M State of legal domicile: NY |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 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 2011 (Part V, line 2a) | 5 | 90. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 138. |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 31,689,016. | 33,247,849. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 885,610. | 1,178,972. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 27,314,960. | 27,192,308. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,694,401. | 8,086,344. |
| | 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) | 8,447,012. | 8,864,151. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 403,813. | 491,117. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,654,226. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 10,565,187. | 11,261,191. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 26,110,413. | 28,702,803. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,204,547. | -1,510,495. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 38,004,314. | 40,388,195. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 6,564,229. | 9,636,091. |
| | | 31,440,085. | 30,752,104. |

Part II Signature Block

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

| | | | | | |
|---|---|--------------------------|------|---|---|
| Sign Here | ▶ Signature of officer | Date | | | |
| | ▶ Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00741790 |
| | Firm's name ▶ GRANT THORNTON LLP | EIN ▶ 36-6055558 | | | |
| | Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057 | 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.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 8,657,868. including grants of \$ 3,980,016.) (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 \$ 5,740,184. including grants of \$ 2,721,868.) (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 21 PEDIATRIC SITES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. FOR FURTHER DETAILS, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 3,138,663. 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 TO DEVELOP NEW METHODS OF PREVENTION, TREATMENT, AND, ULTIMATELY, A CURE FOR AIDS. FOR FURTHER DETAILS, SEE SCHEDULE O.

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

(Expenses \$ 4,291,225. including grants of \$ 1,384,460.) (Revenue \$ 0)

4e Total program service expenses 21,827,940.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------|---|-----|----|
| 21 | 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 | |
| 22 | 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 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24 a | 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 | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. 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 | 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 |
| 26 | 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 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 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 |
| c | 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 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 | 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 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | 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> | | X |
| 36 | Section 501(c)(3) organizations. 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 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. 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-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

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, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

Check if Schedule O contains a response 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 (describe hours for related organizations in Schedule O) | (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.H. 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 (describe hours for related organizations in Schedule O) | (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) RAYMOND F. SCHINAZI, PH.D. TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) EDWARD MILSTEIN TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) CINDY RACHOFSKY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) VINCENT A. ROBERTI TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (23) BILL ROEDY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (24) ALAN D. SCHWARTZ TRUSTEE (NON-VOTING) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (25) DIANA L. TAYLOR TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,527,999. | 0 | 360,587. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,527,999. | 0 | 360,587. |

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 ▶ 16

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former 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 |
|----------------------------------|--------------------------------|---------------------|
| 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 (describe hours for related organizations in Schedule O) | (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 WENDLE TRUSTEE (NON-VOTING) | 1.00 | X | | | | | 0 | 0 | 0 | |
| 27) KEVIN FROST CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | 361,481. | 0 | 54,157. | |
| 28) BRADLEY JENSEN ASST TREASURER, CFO | 40.00 | | | X | | | 219,053. | 0 | 44,734. | |
| 29) JOHN F. LOGAN, J.D. PH.D. ASST SECRETARY, VP & GC | 40.00 | | | X | | | 200,521. | 0 | 23,268. | |
| 30) ROWENA JOHNSTON ASST SECRETARY, VP OF RESEARCH | 40.00 | | | X | | | 155,658. | 0 | 20,326. | |
| 31) EDWARD DONNELLY ASST TREASURER, CONTROLLER | 40.00 | | | X | | | 137,426. | 0 | 18,055. | |
| 32) GREGORY L. BOROFF VICE PRESIDENT OF DEVELOPMENT | 40.00 | | | | X | | 223,561. | 0 | 25,028. | |
| 33) CHRISTOPHER COLLINS VICE PRESIDENT, PUBLIC POLICY | 40.00 | | | | X | | 184,540. | 0 | 30,412. | |
| 34) ANNETTE SOHN VICE PRESIDENT, TREAT ASIA | 40.00 | | | | X | | 193,480. | 0 | 17,365. | |
| 35) ANNMARIE SHANNAHAN VICE PRESIDENT, PUBLIC INFO | 40.00 | | | | X | | 187,799. | 0 | 22,555. | |
| 36) ERIC MUSCATELL DIRECTOR, PHILANTHROPY | 40.00 | | | | | X | 151,952. | 0 | 20,204. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 ► 16

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former 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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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) ANDREW MCINNES DIRECTOR, PUBLICATIONS | 40.00 | | | | | X | | 137,632. | 0 | 38,341. |
| (38) ANTHONY ANCONA VICE PRESIDENT, HUMAN RESOURCE | 40.00 | | | | | X | | 148,185. | 0 | 11,049. |
| (39) MICHAEL COWING SENIOR ADVISOR FOR PROGRAMS | 40.00 | | | | | X | | 107,043. | 0 | 16,902. |
| (40) SUSAN DOSTER CHIEF TECHNOLOGY OFFICER | 40.00 | | | | | X | | 119,668. | 0 | 18,191. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 ► 16

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former 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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|--|---|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 323,724. | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c 18,955,276. | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e 5,008,478. | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 8,960,371. | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 216,180. | | | | | |
| | h | Total. Add lines 1a-1f | | 33,247,849. | | | | |
| | Program Service Revenue | 2a | | Business Code | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 773,961. | | | 773,961. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | | |
| | 5 | Royalties | | 124,013. | | | 124,013. | |
| | 6a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | b | Less: rental expenses | | | | |
| | | | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | 0 | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 9,014,904. | | | | |
| | | | (ii) Other | | | | | |
| | | | b | Less: cost or other basis and sales expenses | 8,609,893. | | | |
| | | | c | Gain or (loss) | 405,011. | | | |
| | d | Net gain or (loss) | | 405,011. | | | 405,011. | |
| | 8a | Gross income from fundraising events (not including \$ 18,955,276. of contributions reported on line 1c). See Part IV, line 18 | a 1,389,430. | | | | | |
| | b | Less: direct expenses | b 8,981,287. | | | | | |
| c | Net income or (loss) from fundraising events | | -7,591,857. | | | -7,591,857. | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b | Less: direct expenses | b | | | | | | |
| c | Net income or (loss) from gaming activities | | 0 | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | 215,910. | | | | | |
| | | b | Less: cost of goods sold | b 2,205. | | | | |
| | | c | Net income or (loss) from sales of inventory | | 213,705. | | 213,705. | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a | LIST RENTALS | 900099 | 17,365. | | | 17,365. | | |
| b | MISCELLANEOUS INCOME | 900099 | 2,261. | | | 2,261. | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 19,626. | | | | | |
| 12 | Total revenue. See instructions | | 27,192,308. | | | -6,055,541. | | |

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) but are not required to complete columns (B), (C), and (D).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 3,180,410. | 3,180,410. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 4,905,934. | 4,905,934. | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,213,343. | 1,418,763. | 447,231. | 347,349. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 4,663,290. | 3,141,792. | 329,817. | 1,191,681. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 429,229. | 284,355. | 57,480. | 87,394. |
| 9 Other employee benefits | 1,091,789. | 680,056. | 149,045. | 262,688. |
| 10 Payroll taxes | 466,500. | 294,356. | 56,227. | 115,917. |
| 11 Fees for services (non-employees): | 0 | | | |
| a Management | | | | |
| b Legal | 129,221. | 117,986. | 4,907. | 6,328. |
| c Accounting | 180,472. | | 180,472. | |
| d Lobbying | 69,975. | 69,975. | | |
| e Professional fundraising services. See Part IV, line 17 | 491,117. | | | 491,117. |
| f Investment management fees | 145,306. | | 145,306. | |
| g Other | 1,203,393. | 806,166. | 108,087. | 289,140. |
| 12 Advertising and promotion | 365,252. | 353,621. | 947. | 10,684. |
| 13 Office expenses | 93,190. | 61,089. | 10,214. | 21,887. |
| 14 Information technology | 193,788. | 143,718. | 32,584. | 17,486. |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 1,152,154. | 791,254. | 163,489. | 197,411. |
| 17 Travel | 873,089. | 530,817. | 1,877. | 340,395. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 959,001. | 824,293. | 13,916. | 120,792. |
| 20 Interest | 6. | | 6. | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 301,791. | 207,474. | 42,868. | 51,449. |
| 23 Insurance | 173,070. | 118,981. | 24,584. | 29,505. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM MATERIALS | 2,053,701. | 2,053,701. | | |
| b POSTAGE & SHIPPING | 733,949. | 311,076. | 5,946. | 416,927. |
| c PROGRAM TECHNICAL SUPPORT | 670,193. | 670,193. | | |
| d PRINTING | 667,644. | 254,370. | 3,133. | 410,141. |
| e All other expenses | 1,295,996. | 607,560. | 442,501. | 245,935. |
| 25 Total functional expenses. Add lines 1 through 24e | 28,702,803. | 21,827,940. | 2,220,637. | 4,654,226. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 1,034,553. | 353,495. | | 681,058. |

Part X Balance Sheet

| | | (A) | | (B) |
|---|--|-----------------------|-------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 6,837,885. | 1 | 6,129,973. |
| | 2 Savings and temporary cash investments | 216,839. | 2 | 216,445. |
| | 3 Pledges and grants receivable, net | 4,759,033. | 3 | 3,402,758. |
| | 4 Accounts receivable, net | 2,949,128. | 4 | 3,725,105. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 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) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 94,865. | 8 | 75,665. |
| | 9 Prepaid expenses and deferred charges | 418,292. | 9 | 705,507. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,890,575. | | |
| | b Less: accumulated depreciation | 10b 3,001,968. | 548,947. | 10c 1,888,607. |
| | 11 Investments - publicly traded securities | 20,785,048. | 11 | 23,016,384. |
| | 12 Investments - other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments - program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 1,394,277. | 15 | 1,227,751. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 38,004,314. | 16 | 40,388,195. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,894,670. | 17 | 1,732,740. |
| | 18 Grants payable | 1,394,222. | 18 | 1,713,122. |
| | 19 Deferred revenue | 3,003,684. | 19 | 5,428,345. |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 271,653. | 25 | 761,884. |
| | 26 Total liabilities. Add lines 17 through 25 | 6,564,229. | 26 | 9,636,091. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 20,620,666. | 27 | 21,921,458. |
| | 28 Temporarily restricted net assets | 10,486,272. | 28 | 8,493,158. |
| | 29 Permanently restricted net assets | 333,147. | 29 | 337,488. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 31,440,085. | 33 | 30,752,104. | |
| 34 Total liabilities and net assets/fund balances | 38,004,314. | 34 | 40,388,195. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----------|--|----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 27,192,308. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,702,803. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,510,495. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 31,440,085. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 822,514. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 30,752,104. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| 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. | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 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? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 - Other
- 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?
 - (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?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 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 support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 30,491,706. | 20,760,601. | 22,553,697. | 22,876,129. | 33,247,849. | 129,929,982. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 30,491,706. | 20,760,601. | 22,553,697. | 22,876,129. | 33,247,849. | 129,929,982. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 5,362,542. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 124,567,440. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4 | 30,491,706. | 20,760,601. | 22,553,697. | 22,876,129. | 33,247,849. | 129,929,982. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 842,799. | 643,473. | 668,573. | 951,963. | 897,974. | 4,004,782. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1 | 4,177,745. | 155,966. | 2,756,152. | 1,735,330. | 1,624,966. | 10,450,159. |
| 11 Total support. Add lines 7 through 10 | | | | | | 144,384,923. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 86.27% |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 86.32% |
| 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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. Add lines 1 through 5; 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: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 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, Line number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. 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 | 2007 | 2008 | 2009 | 2010 | 2011 | TOTAL |
|----------------------------|-------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| MISCELLANEOUS | 1,021. | 3,247. | 67. | 13,257. | 2,261. | 19,853. |
| LIST RENTALS | 30,541. | | 27,804. | 26,881. | 17,365. | 102,591. |
| QUALIFIED SPONSORSHIP PMTS | 59,831. | | | | | 59,831. |
| SPECIAL EVENTS | 4,086,352. | 113,758. | 2,289,889. | 1,452,830. | 1,389,430. | 9,332,259. |
| INVENTORY | | 38,961. | 438,392. | 242,362. | 215,910. | 935,625. |
| TOTALS | <u>4,177,745.</u> | <u>155,966.</u> | <u>2,756,152.</u> | <u>1,735,330.</u> | <u>1,624,966.</u> | <u>10,450,159.</u> |

Schedule of Contributors

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

2011

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private 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 | ----- ----- ----- | \$ 2,802,072. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ----- ----- ----- | \$ 2,155,890. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ----- ----- ----- | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | ----- ----- ----- | \$ 901,591. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | ----- ----- ----- | \$ 864,493. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | ----- ----- ----- | \$ 802,184. | 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 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 |
|------------|-----------------------------------|----------------------------|--|
| 7 | ----- ----- ----- | \$ 739,981. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | ----- ----- ----- | \$ 676,744. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- | \$ ----- | Person <input 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 |
|---------------------------|--|--|----------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

Name of organization THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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 THE FOUNDATION FOR AIDS RESEARCH | Employer identification number 13-3163817 |
|---|---|

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2 a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

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...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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); a Current year; b Carryover from last year; c Total; 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; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for supplemental information.

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

2011

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

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

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

Form for Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important area, certified historic structure), a table for conservation easement statistics (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

Schedule D (Form 990) 2011

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 XIV.

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? X 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 XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and investment details.

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 64.8013 %
c Temporarily restricted endowment 35.1987 %
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:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). 1,888,607.

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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

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) | | |
| Total. (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) | |
| Total. (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) MISCELLANEOUS | 761,884. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 761,884. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 27,192,308. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 28,702,803. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -1,510,495. |
| 4 | Net unrealized gains (losses) on investments | 4 | 836,699. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -14,185. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 822,514. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -687,981. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 28,278,897. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 836,699. |
| b | Donated services and use of facilities | 2b | 264,075. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | -14,185. |
| e | Add lines 2a through 2d | 2e | 1,086,589. |
| 3 | Subtract line 2e from line 1 | 3 | 27,192,308. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 27,192,308. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 28,966,878. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 264,075. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 264,075. |
| 3 | Subtract line 2e from line 1 | 3 | 28,702,803. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 28,702,803. |

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV 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, 2012, 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 2009, 2010, AND 2012 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Part XIV 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 XII, LINE 2D

GAIN ON THIRD PARTY TRUST (\$14,185)

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

ROUNDING \$4

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

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

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 | 232,550. |
| (2) EAST ASIA AND THE PACIFIC | 1. | 18. | PROGRAM SERVICES | THERAPEUTICS RESEARCH | 1,555,494. |
| (3) EAST ASIA AND THE PACIFIC | 1. | 18. | GRANTMAKING | N/A | 3,042,995. |
| (4) EUROPE | | | GRANTMAKING | N/A | 838,454. |
| (5) EUROPE | | | FUNDRAISING | N/A | 3,706,481. |
| (6) NORTH AMERICA | | | GRANTMAKING | N/A | 220,615. |
| (7) NORTH AMERICA | | | FUNDRAISING | N/A | 137,936. |
| (8) RUSSIA/INDEPENDENT STATES | | | GRANTMAKING | N/A | 126,608. |
| (9) SOUTH AMERICA | | | GRANTMAKING | N/A | 163,935. |
| (10) SOUTH AMERICA | | | FUNDRAISING | N/A | 617,550. |
| (11) SOUTH ASIA | | | GRANTMAKING | N/A | 88,306. |
| (12) SUB-SAHARAN AFRICA | | | GRANTMAKING | N/A | 192,471. |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 2. | 36. | | | 10,923,395. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 2. | 36. | | | 10,923,395. |

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

Schedule F (Form 990) 2011

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. Check this box if no one recipient 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 | BASIC RESEAR | 62,499. | WIRE TRANSFE | | | |
| (2) | | | EUROPE | BASIC RESEAR | 50,000. | WIRE TRANSFE | | | |
| (3) | | | EUROPE | BASIC RESEAR | 62,496. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | BASIC RESEAR | 62,501. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 21,550. | WIRE TRANSFE | | | |
| (6) | | | EAST ASIA/PACIFIC | TREAT ASIA | 14,210. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 10,650. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 14,377. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 14,630. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 18,640. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 15,250. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,874. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,374. | WIRE TRANSFE | | | |
| (14) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,874. | WIRE TRANSFE | | | |
| (15) | | | EAST ASIA/PACIFIC | TREAT ASIA | 8,126. | WIRE TRANSFE | | | |
| (16) | | | EAST ASIA/PACIFIC | TREAT ASIA | 7,125. | 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. Check this box if no one recipient 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 | 7,275. | WIRE TRANSFE | | | |
| (2) | | | EUROPE | BASIC RESEAR | 180,000. | WIRE TRANSFE | | | |
| (3) | | | EUROPE | BASIC RESEAR | 53,276. | WIRE TRANSFE | | | |
| (4) | | | NORTH AMERICA (EXCL USA) | BASIC RESEAR | 80,000. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,100. | WIRE TRANSFE | | | |
| (6) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,775. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,525. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,525. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,600. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,600. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 7,275. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | TREAT ASIA | 7,500. | WIRE TRANSFE | | | |
| (14) | | | EAST ASIA/PACIFIC | TREAT ASIA | 19,000. | WIRE TRANSFE | | | |
| (15) | | | EAST ASIA/PACIFIC | TREAT ASIA | 19,830. | 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. Check this box if no one recipient 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 | 15,000. | WIRE TRANSFE | | | |
| (2) | | | SOUTH ASIA | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (3) | | | SOUTH ASIA | TREAT ASIA | 18,900. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | TREAT ASIA | 17,533. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 18,850. | WIRE TRANSFE | | | |
| (6) | | | EAST ASIA/PACIFIC | TREAT ASIA | 15,550. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 17,700. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 12,500. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 14,325. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 15,000. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (14) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (15) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | 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. Check this box if no one recipient 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 | 15,000. | WIRE TRANSFE | | | |
| (2) | | | SOUTH ASIA | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (3) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (6) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 11,250. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 11,250. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 11,250. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 11,250. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 15,000. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,625. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | TREAT ASIA | 27,000. | WIRE TRANSFE | | | |
| (14) | | | EAST ASIA/PACIFIC | TREAT ASIA | 34,985. | WIRE TRANSFE | | | |
| (15) | | | EAST ASIA/PACIFIC | TREAT ASIA | 35,000. | WIRE TRANSFE | | | |
| (16) | | | EAST ASIA/PACIFIC | TREAT ASIA | 100,000. | 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. Check this box if no one recipient 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 | 270,471. | WIRE TRANSFE | | | |
| (2) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (3) | | | EAST ASIA/PACIFIC | TREAT ASIA | 7,731. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | TREAT ASIA | 178,698. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 174,457. | WIRE TRANSFE | | | |
| (6) | | | EAST ASIA/PACIFIC | TREAT ASIA | 43,108. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 57,547. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 20,000. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 40,809. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 244,844. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 21,401. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 39,706. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | GMT INITIATI | 19,970. | WIRE TRANSFE | | | |
| (14) | | | EAST ASIA/PACIFIC | GMT INITIATI | 12,000. | WIRE TRANSFE | | | |
| (15) | | | SOUTH ASIA | GMT INITIATI | 15,567. | WIRE TRANSFE | | | |
| (16) | | | EAST ASIA/PACIFIC | GMT INITIATI | 19,958. | 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. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | EUROPE | BASIC RESEAR | 46,872. | WIRE TRANSFE | | | |
| (2) | | | EAST ASIA/PACIFIC | TREAT ASIA | 58,630. | WIRE TRANSFE | | | |
| (3) | | | EAST ASIA/PACIFIC | BASIC RESEAR | 110,000. | WIRE TRANSFE | | | |
| (4) | | | EUROPE | BASIC RESEAR | 110,000. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | BASIC RESEAR | 31,248. | WIRE TRANSFE | | | |
| (6) | | | EUROPE | BASIC RESEAR | 164,743. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 8,470. | WIRE TRANSFE | | | |
| (8) | | | SOUTH AMERICA | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (9) | | | SOUTH AMERICA | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (10) | | | SOUTH AMERICA | GMT INITIATI | 19,530. | WIRE TRANSFE | | | |
| (11) | | | SOUTH AMERICA | GMT INITIATI | 19,920. | WIRE TRANSFE | | | |
| (12) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (13) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 19,450. | WIRE TRANSFE | | | |
| (14) | | | NORTH AMERICA (EXCL USA) | GMT INITIATI | 15,615. | WIRE TRANSFE | | | |
| (15) | | | CARIBBEAN/CENTRAL AMERIC | 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. Check this box if no one recipient 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 | 10,985. | WIRE TRANSFE | | | |
| (3) | | | SOUTH AMERICA | GMT INITIATI | 14,500. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | TREAT ASIA | 39,149. | WIRE TRANSFE | | | |
| (5) | | | EUROPE | BASIC RESEAR | 83,200. | WIRE TRANSFE | | | |
| (6) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 12,080. | WIRE TRANSFE | | | |
| (7) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 12,500. | WIRE TRANSFE | | | |
| (8) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 20,100. | WIRE TRANSFE | | | |
| (9) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (10) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 10,173. | WIRE TRANSFE | | | |
| (11) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 15,000. | WIRE TRANSFE | | | |
| (12) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 17,456. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | TREAT ASIA G | 6,000. | WIRE TRANSFE | | | |
| (14) | | | EAST ASIA/PACIFIC | TREAT ASIA G | 17,000. | WIRE TRANSFE | | | |
| (15) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 10,000. | WIRE TRANSFE | | | |
| (16) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 19,697. | 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. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 19,908. | WIRE TRANSFE | | | |
| (2) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (3) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (4) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 12,495. | WIRE TRANSFE | | | |
| (5) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 10,000. | WIRE TRANSFE | | | |
| (6) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 10,000. | WIRE TRANSFE | | | |
| (7) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 15,000. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | BASIC RESEAR | 57,288. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,040. | WIRE TRANSFE | | | |
| (10) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 16,200. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA G | 6,000. | WIRE TRANSFE | | | |
| (12) | | | SOUTH ASIA | TREAT ASIA G | 14,250. | WIRE TRANSFE | | | |
| (13) | | | SOUTH ASIA | GMT INITIATI | 11,960. | WIRE TRANSFE | | | |
| (14) | | | SUB-SAHARAN AFRICA | GMT INITIATI | 12,000. | WIRE TRANSFE | | | |
| (15) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 12,000. | WIRE TRANSFE | | | |
| (16) | | | CARIBBEAN/CENTRAL AMERIC | GMT INITIATI | 24,000. | 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. Check this box if no one recipient 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 | 24,000. | WIRE TRANSFE | | | |
| (2) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 12,000. | WIRE TRANSFE | | | |
| (3) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,538. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | TREAT ASIA | 12,917. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 17,089. | WIRE TRANSFE | | | |
| (6) | | | EUROPE | BASIC RESEAR | 79,867. | WIRE TRANSFE | | | |
| (7) | | | EAST ASIA/PACIFIC | TREAT ASIA | 8,013. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,393. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,251. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,859. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 6,085. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 5,876. | WIRE TRANSFE | | | |
| (13) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 19,970. | WIRE TRANSFE | | | |
| (14) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 19,663. | WIRE TRANSFE | | | |
| (15) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 19,975. | WIRE TRANSFE | | | |
| (16) | | | EUROPE | GMT INITIATI | 8,000. | 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. Check this box if no one recipient 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) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (2) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 15,000. | WIRE TRANSFE | | | |
| (3) | | | RUSSIA/NEWLY INDEPENDENT | GMT INITIATI | 20,000. | WIRE TRANSFE | | | |
| (4) | | | EAST ASIA/PACIFIC | GMT INITIATI | 25,000. | WIRE TRANSFE | | | |
| (5) | | | EAST ASIA/PACIFIC | TREAT ASIA | 100,000. | WIRE TRANSFE | | | |
| (6) | | | EAST ASIA/PACIFIC | BASIC RESEAR | 26,006. | WIRE TRANSFE | | | |
| (7) | | | SUB-SAHARAN AFRICA | PUBLIC POLIC | 60,555. | WIRE TRANSFE | | | |
| (8) | | | EAST ASIA/PACIFIC | TREAT ASIA | 10,922. | WIRE TRANSFE | | | |
| (9) | | | EAST ASIA/PACIFIC | TREAT ASIA | 10,000. | WIRE TRANSFE | | | |
| (10) | | | EAST ASIA/PACIFIC | TREAT ASIA | 175,000. | WIRE TRANSFE | | | |
| (11) | | | EAST ASIA/PACIFIC | TREAT ASIA | 175,004. | WIRE TRANSFE | | | |
| (12) | | | EAST ASIA/PACIFIC | TREAT ASIA | 8,333. | WIRE TRANSFE | | | |
| (13) | | | EAST ASIA/PACIFIC | TREAT ASIA | 50,000. | WIRE TRANSFE | | | |
| (14) | | | NORTH AMERICA (EXCL USA) | BASIC RESEAR | 125,000. | WIRE TRANSFE | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 158.

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).

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 158 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

2011

**Open to Public
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 AAB PRODUCTIONS | FUNDRAISING EVENT/ PROD | | X | 11,113,567. | 253,625. | 10,859,942. |
| 2 JOHN MINI CONSULTING INC | DIRECT MAIL | | X | 2,012,934. | 120,750. | 1,892,184. |
| 3 PUBLIC INTEREST COMMUNICATIONS | TELE MARKETING | | X | 52,634. | 75,489. | -22,855. |
| 4 SGR CONSULTING | EVENT PRODUCTION | | X | 448,891. | 36,000. | 412,891. |
| 5 TELEFUND | TELE MARKETING | | X | 69,901. | 55,960. | 13,941. |
| 6 SANKY COMMUNICATIONS, INC. | FUNDRAISING COUNSEL | | X | 389,524. | 102,792. | 286,732. |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 14,087,451. | 644,616. | 13,442,835. |

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 | DALLAS | 14 | (add col. (a) through col. (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 8,115,663. | 5,117,246. | 7,111,797. | 20,344,706. |
| | 2 | Less: Charitable contributions | 7,672,663. | 5,016,846. | 6,265,767. | 18,955,276. |
| | 3 | Gross income (line 1 minus line 2) | 443,000. | 100,400. | 846,030. | 1,389,430. |
| Direct Expenses | 4 | Cash prizes | | | 0 | |
| | 5 | Noncash prizes | | | 0 | |
| | 6 | Rent/facility costs | 969,399. | 70,611. | 298,109. | 1,338,119. |
| | 7 | Food and beverages | 2,090,342. | 2,727,966. | 2,824,860. | 7,643,168. |
| | 8 | Entertainment | | | 0 | |
| | 9 | Other direct expenses | | | 0 | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | (8,981,287.) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | | -7,591,857. |

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 | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes _____ % No | Yes _____ % No | Yes _____ % No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| | 8 | 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 ▶ -----

- 15a 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 \$491,117 IN FUNDRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2012. 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 ▶ -----

- 15a 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 \$644,617. OF THAT \$644,617, ONLY \$491,117 WAS PAID FOR FUNDRAISING SERVICES, THE REMAINING \$153,500 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 | 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 ▶ -----

- 15a 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)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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. Check this box if no one recipient 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) | WEILL MEDICAL COLLEGE OF CORNELL 575 LEXINGTON AVE, 9TH FLOOR | 13-1623978 | 501(C)(3) | 15,626. | | | | BASIC RESEARCH |
| (2) | UNIVERSITY OF TEXAS SOUTHWESTERN GRANTS MAN PO BOX 841753 DALLAS, TX 75284-1753 | 17-5600286 | 501(C)(3) | 15,626. | | | | BASIC RESEARCH |
| (3) | UNIVERSITY OF CALIFORNIA-DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798 | 94-6036494 | 501(C)(3) | 26,043. | | | | BASIC RESEARCH |
| (4) | CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BD M/C 201-15 | 95-1643307 | 501(C)(3) | 26,043. | | | | BASIC RESEARCH |
| (5) | UNIVERSITY OF MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 55455 | 41-6007513 | 501(C)(3) | 26,043. | | | | BASIC RESEARCH |
| (6) | DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BP412 BOSTON, MA 02115 | 04-2263040 | 501(C)(3) | 5,208. | | | | BASIC RESEARCH |
| (7) | THE BOARD OF REGENTS OF THE UNIVERSITY OF W 21 NORTH PARK STREET, SUITE 6401 | 39-6006492 | 501(C)(3) | 18,507. | | | | BASIC RESEARCH |
| (8) | AARON DIAMOND AIDS RESEARCH CENTER 455 FIRST AVENUE, 7TH FLOOR | 13-3540234 | 501(C)(3) | 62,499. | | | | BASIC RESEARCH |
| (9) | VGTI-FLORIDA 11350 SW VILLAGE PARKWAY, 3RD FLOOR | 36-4618350 | 501(C)(3) | 50,000. | | | | BASIC RESEARCH |
| (10) | THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 405 HILGARD AVE, BOX 951432 1125 MURPHY HAL | 95-6006143 | 501(C)(3) | 42,857. | | | | BASIC RESEARCH |
| (11) | UNIVERSITY OF UTAH RESEARCH ACCOUNTING PRESIDENTS CIRCLE, RM 406 | 87-6000525 | 501(C)(3) | 49,978. | | | | BASIC RESEARCH |
| (12) | THE UNIVERSITY OF ALABAMA BIRMINGHAM 1530 THIRD AVE SOUTH AB990 | 16-3605396 | 501(C)(3) | 70,000. | | | | 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) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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. Check this box if no one recipient 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) | GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR, MS4C6 FAIRFAX, VA 22030 | 54-0836354 | 501(C)(3) | 61,540. | | | | BASIC RESEARCH |
| (2) | JOHNS HOPKINS UNIVERSITY 1830 E MONUMENT STREET, STE 8074 | 52-0595110 | 501(C)(3) | 56,001. | | | | BASIC RESEARCH |
| (3) | THE REGENTS UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST, MCB 425 BOX 0897 | 946036493 | 501(C)(3) | 108,000. | | | | BASIC RESEARCH |
| (4) | UNIVERSITY OF PENNSYLVANIA 4351 WALNUT STREET | 23-1352685 | 501(C)(3) | 80,000. | | | | BASIC RESEARCH |
| (5) | JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX/DE 12529 COLLECTIONS CENTER DRIVE | 520595110 | 501(C)(3) | 180,000. | | | | BASIC RESEARCH |
| (6) | CASE WESTERN RESERVE UNIVERSITY SCHOOL OF M 10900 EUCLID AVE., LC 4960, WOOD BLDG | 34-1018992 | 501(C)(3) | 46,863. | | | | BASIC RESEARCH |
| (7) | AARON DIAMOND AIDS RESEARCH CENTER 455 FIRST AVE, 7TH FLOOR | 13-3540234 | 501(C)(3) | 46,872. | | | | BASIC RESEARCH |
| (8) | NEW ENGLAND PRIMATE RESEARCH CENTER, HAVARD 1 PINE HILL DR, RSB6 ROOM 607 | 10-4210358 | 501(C)(3) | 46,872. | | | | BASIC RESEARCH |
| (9) | THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET, MCB 425, BOX 0897 | 94-6036493 | 501(C)(3) | 110,000. | | | | BASIC RESEARCH |
| (10) | THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET, MCB 425, BOX 0897 | 94-6036493 | 501(C)(3) | 110,000. | | | | BASIC RESEARCH |
| (11) | THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET, MCB 425, BOX 0897 | 94-6036493 | 501(C)(3) | 110,000. | | | | BASIC RESEARCH |
| (12) | JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 200 NORTH WOLFE STREET BALTIMORE, MD 21205 | 52-0595110 | 501(C)(3) | 110,000. | | | | 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) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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. Check this box if no one recipient 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) | CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. BRB 919 | 34-1018992 | 501 (C) (3) | 110,000. | | | | BASIC RESEARCH |
| (2) | THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD | 95-2160097 | 501 (C) (3) | 110,000. | | | | BASIC RESEARCH |
| (3) | VACCINE AND GENE THERAPY INSTITUTE OF FLORI 11350 SW VILLAGE PARKWAY | 36-4631835 | 501 (C) (3) | 57,289. | | | | BASIC RESEARCH |
| (4) | UNIVERSITY OF WASHINGTON ROSEN BUILDING BOX 35870 SEATTLE, WA 98109 | 91-6001537 | 501 (C) (3) | 57,289. | | | | BASIC RESEARCH |
| (5) | VACCINE AND GENE THERAPY INSTITUTE OF FLORI 11350 SW VILLAGE PARKWAY 3RD FLOOR | 36-4631835 | 501 (C) (3) | 57,289. | | | | BASIC RESEARCH |
| (6) | CASE SCHOOL OF MEDICINE 10900 EUCLID AVE, LC4960 | 34-1018992 | 501 (C) (3) | 57,289. | | | | BASIC RESEARCH |
| (7) | THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST. MCBH 425 BOX 0897 | 94-6036493 | 501 (C) (3) | 47,410. | | | | BASIC RESEARCH |
| (8) | THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1001 PORTRERO AVENUE | 94-6036493 | 501 (C) (3) | 79,952. | | | | BASIC RESEARCH |
| (9) | TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, SUITE P221 | 23-1352685 | 501 (C) (3) | 96,000. | | | | BASIC RESEARCH |
| (10) | JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX/DE 733 NORTH BROADWAY, BRB-871 | 52-0595110 | 501 (C) (3) | 120,000. | | | | BASIC RESEARCH |
| (11) | BETH ISRAEL MEDICAL CENTER 160 WATER STREET 24TH FLOOR | 13-5564934 | 501 (C) (3) | 52,354. | | | | PUBLIC POLICY |
| (12) | THE FENWAY INSTITUTE 1340 BOYLSTON STREET 8TH FLOOR | 04-2510564 | 501 (C) (3) | 25,000. | | | | GMT INITIATIVES |

- 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) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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. Check this box if no one recipient 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) | CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD PASADENA, CA 91125 | 95-1643307 | 501(C)(3) | 83,200. | | | | BASIC RESEARCH |
| (2) | CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106 | 34-1018992 | 501(C)(3) | 83,336. | | | | BASIC RESEARCH |
| (3) | MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 | 04-2697983 | 501(C)(3) | 83,336. | | | | BASIC RESEARCH |
| (4) | WILLIAM J. CLINTON FOUNDATION 1200 PRESIDENT CLINTON AVENUE | 31-1580204 | 501(C)(3) | 50,000. | | | | PREVENTION SCIENCE |
| (5) | BETH ISRAEL MEDICAL CENTER - EDMOND DE ROTH 160 WATER STREET, 24TH FLOOR | 13-5564934 | 501(C)(3) | 67,500. | | | | PUBLIC POLICY |
| (6) | FULANE UNIVERSITY 18703 THREE RIVERS ROAD COVINGTON, LA 70433 | 72-0423889 | 501(C)(3) | 46,667. | | | | BASIC RESEARCH |
| (7) | JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205-1832 | 52-0595110 | 501(C)(3) | 40,000. | | | | BASIC RESEARCH |
| (8) | JOHN HOPKINS UNIVERSITY DEPARTMENT OF MEDICINE 733 NORTH BROADWAY | 520595110 | 501(C)(3) | 40,000. | | | | BASIC RESEARCH |
| (9) | NATIONAL MINORITY AIDS COUNCIL 1931 13TH STREET, NW | 52-1578289 | 501(C)(3) | 25,000. | | | | PUBLIC POLICY |
| (10) | THE BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115 | 04-2312909 | 501(C)(3) | 8,763. | | | | BASIC RESEARCH |
| (11) | JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY, SUITE 117 | 52-0595110 | 501(C)(3) | 31,930. | | | | BASIC RESEARCH |
| (12) | END OF AIDS, INC. 1000 N. WEST STREET WILMINGTON, DE 19801 | 45-4389547 | 501(C)(3) | 125,000. | | | | PUBLIC POLICY |

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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) | UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE | 25-0965591 | 501 (C) (3) | 125,000. | | | | GMT INITIATIVES |
| (2) | THE BLACK AIDS INSTITUTE 1833 WEST EIGHTH STREET, #200 | 95-4742741 | 501 (C) (3) | 75,000. | | | | PUBLIC POLICY |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 50.
- 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) (2011)

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, and any other additional information.

GRANTS AND ASSISTANCE

PART I, LINE 2

ALL U.S. 501(C)(3) GRANT AND AWARD RECIPIENTS ARE REQUIRED TO REPORT AT LEAST ONCE ON ACTIVITIES SUPPORTED WITH AMFAR FUNDS; ALL U.S. RESEARCH GRANT RECIPIENTS (WHICH INCLUDE 501(C)(3) ORGANIZATIONS AND OTHER NONPROFIT ENTITIES SUCH AS STATE UNIVERSITIES) ARE REQUIRED TO SUBMIT AN INTERIM AND A FINAL PROGRESS REPORT IN ADDITION TO EXPENDITURE REPORTS DUE FOLLOWING THE ENDS OF THE 2ND, 3RD AND FINAL QUARTERS OF THE PERFORMANCE PERIODS. REPORTS ARE REVIEWED BY GRANT ADMINISTRATION AND PROGRAM STAFF PRIOR TO PAYMENT AND/OR CLOSEOUT.

**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

2011

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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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. Explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2011

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 | | (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 | (i) | 361,481. | 0 | 0 | 27,150. | 27,007. | 415,638. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 2 BRADLEY JENSEN | (i) | 219,053. | 0 | 0 | 14,977. | 29,757. | 263,787. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 3 JOHN F. LOGAN, J.D. PH. | (i) | 200,521. | 0 | 0 | 13,907. | 9,361. | 223,789. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 4 ROWENA JOHNSTON | (i) | 155,658. | 0 | 0 | 10,965. | 9,361. | 175,984. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 5 EDWARD DONNELLY | (i) | 137,426. | 0 | 0 | 9,419. | 8,636. | 155,481. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 6 GREGORY L. BOROFF | (i) | 223,561. | 0 | 0 | 15,667. | 9,361. | 248,589. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 7 CHRISTOPHER COLLINS | (i) | 184,540. | 0 | 0 | 12,230. | 18,182. | 214,952. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 8 ANNETTE SOHN | (i) | 193,480. | 0 | 0 | 13,541. | 3,824. | 210,845. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 9 ERIC MUSCATELL | (i) | 151,952. | 0 | 0 | 10,843. | 9,361. | 172,156. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 10 ANDREW MCINNES | (i) | 137,632. | 0 | 0 | 9,584. | 28,757. | 175,973. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 11 ANTHONY ANCONA | (i) | 148,185. | 0 | 0 | 10,514. | 535. | 159,234. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 12 ANNMARIE SHANNAHAN | (i) | 187,799. | 0 | 0 | 13,209. | 9,346. | 210,354. | |
| | (ii) | 0 | 0 | 0 | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 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 2011.

**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

2011

**Open To Public
Inspection**

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | | 18,387. | 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 ▶ (AIRLINE TICKETS) | X | 16. | 197,793. | FAIR MARKET VALUE |
| 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) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

FORM 990, SCHEDULE M

LINE 31: TO THE EXTENT 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.

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PROGRAM SERVICE ACCOMPLISHMENTS (1)

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

LINE 4A: RESEARCH: AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL APPROACHES TO SCIENTIFICALLY SOUND BUT UNTESTED HYPOTHESES IN ALL AREAS OF RESEARCH ON HIV/AIDS, FUNDING GOAL-ORIENTED STUDIES THAT OFTEN LACK THE PRELIMINARY DATA REQUIRED FOR SUPPORT FROM TRADITIONAL GRANT-MAKERS. THE FOUNDATION PLAYS A VITAL ROLE IN HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN KNOWLEDGE AND PROVIDING ESSENTIAL SEED MONEY THAT ENABLES GRANTEES AND FELLOWS TO TEST THE MERITS OF NEW CONCEPTS OR TECHNOLOGIES THAT SUBSEQUENTLY CAN BE VALIDATED THROUGH LARGE-SCALE STUDIES, SUCH AS THOSE FUNDED BY THE NATIONAL INSTITUTES OF HEALTH. AMFAR FELLOWSHIPS ALLOW TALENTED YOUNG INVESTIGATORS TO CONDUCT ORIGINAL INVESTIGATIONS UNDER THE GUIDANCE OF EXPERIENCED SCIENTISTS, HELPING TO ENSURE THE LONG-TERM VITALITY OF AIDS RESEARCH.

NEW GRANTS AND FELLOWSHIPS

GRANTS AND FELLOWSHIPS ARE AWARDED THROUGH A RIGOROUS PROCESS OF PEER REVIEW BY A TEAM OF INDEPENDENT HIV/AIDS EXPERTS DRAWN LARGELY FROM THE VOLUNTEER SCIENTISTS ON AMFAR'S SCIENTIFIC ADVISORY COMMITTEE. GUIDED BY ITS SCIENTIFIC ADVISORS AND WITH THE APPROVAL OF ITS BOARD OF TRUSTEES, AMFAR PURSUES A STRATEGIC RESEARCH PLAN THAT FOCUSES ON THE TREATMENT, PREVENTION, AND CURE OF HIV/AIDS. IN 2012, AMFAR AWARDED MORE THAN \$5 MILLION IN GRANTS AND FELLOWSHIPS TO SUPPORT 34 RESEARCH PROJECTS.

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FIVE RESEARCHERS RECEIVED MATHILDE KRIM FELLOWSHIPS IN BASIC BIOMEDICAL RESEARCH, AN INITIATIVE THAT PROVIDES FUNDING FOR EXCEPTIONAL YOUNG RESEARCHERS WHO ARE NEW TO THE FIELD OF HIV/AIDS RESEARCH. THE INITIATIVE HAS ALREADY ACHIEVED SPECTACULAR RESULTS, INCLUDING NUMEROUS PUBLISHED STUDIES IN MAJOR SCIENTIFIC JOURNALS. THE 2012 KRIM FELLOWS-EACH OF WHOM RECEIVED BETWEEN \$80,000 AND \$125,000-ARE WORKING ON NEW WAYS TO TREAT HIV/AIDS AND ITS ASSOCIATED CONDITIONS, AS WELL AS AN HIV VACCINE.

AMONG THE 2012 FELLOWS IS MATTIAS FORSELL, PH.D., OF THE KAROLINSKA INSTITUTE IN STOCKHOLM, SWEDEN, WHO IS AIMING TO MAKE PROGRESS TOWARDS THE DESIGN OF A VACCINE AGAINST HIV INFECTION. DESPITE A CONCERTED EFFORT TO DESIGN AN AIDS VACCINE, SEVERAL CHARACTERISTICS OF THE VIRUS, SUCH AS ITS ABILITY TO PRESENT "DECOYS" TO GUIDE THE IMMUNE SYSTEM AWAY FROM MAKING THE MOST EFFECTIVE IMMUNE RESPONSES, HAVE MADE THE TASK IMPOSSIBLE SO FAR. DR. FORSELL PLANS TO ELUCIDATE THE MECHANISMS WHEREBY THE IMMUNE CELLS THAT MAKE ANTIBODIES GENERATE RESPONSES TO DIFFERENT REGIONS OF THE VIRUS, AND HOW THESE CELLS MIGHT ULTIMATELY BE GUIDED TOWARDS MAKING ANTIBODIES AGAINST THE MOST VULNERABLE REGIONS OF THE VIRUS.

CURE-FOCUSED STUDIES

PLACING THE SEARCH FOR A CURE FOR HIV/AIDS AT THE CENTER OF ITS RESEARCH EFFORTS, THE FOUNDATION LAUNCHED THE AMFAR RESEARCH CONSORTIUM ON HIV ERADICATION (ARCHE) IN 2010. IN 2012, MORE THAN \$1.5 MILLION IN FUNDING WENT TO SEVEN COLLABORATIVE TEAMS OF RESEARCHERS WORKING IN THREE AREAS CONSIDERED CENTRAL TO HIV ERADICATION: THE SEARCH FOR A STERILIZING CURE

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TO ELIMINATE HIV FROM THE BODY; THE SEARCH FOR A FUNCTIONAL CURE TO SUPPRESS THE VIRUS WITHOUT TREATMENT; AND THE CHARACTERIZATION OF VIRAL RESERVOIRS, WHICH PRESENT AN OBSTACLE TO A CURE.

A SERIES OF STUDIES BY DR. SARAH PALMER OF THE SWEDISH INSTITUTE FOR INFECTIOUS DISEASE

CONTROL AND KAROLINSKA INSTITUTE IS BUILDING ON AN INTRIGUING FINDING MADE DURING YEAR TWO OF ARCHE: THE DISCOVERY OF IDENTICAL CLONES OF LATENT VIRUS. DR. PALMER IS WORKING WITH DR. FREDERICK HECHT OF THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO TO UNDERSTAND HOW SUCH CLONES MIGHT ARISE AND WHAT THEY MEAN FOR EFFORTS TO RID THE BODY OF THE VIRUS. DR. DANIEL DOUEK OF THE NATIONAL INSTITUTES OF HEALTH IS ALSO APPLYING HIS EXPERTISE ON T CELLS TO HELP EXPLAIN THE FINDINGS.

ONE OF THE PRINCIPAL STRATEGIES BEING INVESTIGATED IN THE SEARCH FOR A CURE INVOLVES USING DRUGS THAT CAN ACTIVATE HIV OUT OF A LATENT STATE, ALLOWING IT TO BE TARGETED BY ANTIRETROVIRAL THERAPY (ART). WORKING AT JOHNS HOPKINS UNIVERSITY, DR. ROBERT SILICIANO'S PREVIOUS ARCHE RESEARCH HAS IDENTIFIED AGENTS-NOTABLY, A DRUG CALLED DISULFIRAM-THAT MIGHT ACHIEVE SUCH REACTIVATION. DR. SILICIANO AIMS TO DETERMINE WHETHER ALL OF THE LATENT VIRUS CAN BE REACTIVATED. IF SOME VIRUS REMAINS DORMANT, HE WILL ATTEMPT TO UNDERSTAND THE MECHANISMS WHEREBY IT REMAINS LATENT DESPITE INTERACTIONS WITH DRUGS THAT ARE INTENDED TO REVERSE THAT LATENCY. UNDERSTANDING THE ABILITY OF THE VIRUS TO REMAIN STUBBORNLY LATENT WILL HAVE IMPORTANT RAMIFICATIONS FOR THE DESIGN OF HIV CURE

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STRATEGIES.

PROGRAM SERVICE ACCOMPLISHMENTS (2)

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

LINE 4A, CONTINUED:

DR. TIMOTHY HENRICH OF HARVARD IS STUDYING TWO HIV-POSITIVE INDIVIDUALS WHO HAD BEEN ON LONG-TERM ART WHEN THEY DEVELOPED LYMPHOMAS. TO TREAT THESE CANCERS, BOTH UNDERWENT TYPICAL STEM-CELL TRANSPLANTS FROM NORMAL DONORS, WHO HAD BEEN SELECTED ONLY FOR THE USUAL TISSUE-TYPE MATCH. DR. HENRICH FOUND THAT NOT ONLY WERE THESE INDIVIDUALS CURED OF THEIR CANCER, BUT HE COULD FIND NO EVIDENCE OF HIV. THIS WAS TRUE DESPITE THE FACT THAT-UNLIKE "THE BERLIN PATIENT," WHO WAS CURED OF HIV FOLLOWING TRANSPLANT WITH CELLS FROM A DONOR SELECTED FOR THE CCR5 DELTA32 MUTATION, AND THUS RESISTANT TO HIV INFECTION-NO EXTRAORDINARY MEASURES WERE USED HERE. FOR THE MOMENT, THESE TWO INDIVIDUALS REMAIN ON ART. BUT WITH AMFAR FUNDING, DR. HENRICH IS INTERRUPTING THEIR ART IN A SEARCH FOR HIV IN THEIR BLOOD AND OTHER TISSUES.

CURRENT ANTIRETROVIRAL THERAPY CAN IN MANY CASES REDUCE LEVELS OF HIV TO SUCH AN EXTENT THAT SENSITIVE EQUIPMENT IS REQUIRED TO DETECT IT, BUT THE VIRUS CAN ALMOST ALWAYS BE FOUND. DEMONSTRATING WITH CONFIDENCE THAT A CURE HAS BEEN ACHIEVED WILL REQUIRE HIGHLY SENSITIVE METHODS OF DETECTING HIV AT SUBSTANTIALLY LOWER LEVELS THAN IS CURRENTLY POSSIBLE. ARCHE GRANTEE DR. DAVID MARGOLIS OF THE UNIVERSITY OF NORTH CAROLINA IS DEVELOPING JUST SUCH AN ULTRA-SENSITIVE METHODOLOGY THAT COULD BE USED IN THE TEST TUBE AS WELL AS IN SUBJECTS PARTICIPATING IN CLINICAL TRIALS.

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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 40 SCIENTIFIC PUBLICATIONS RESULTED FROM AMFAR-FUNDED RESEARCH.

DEFINING HIV RESERVOIRS

DRS. SARA PALMER AND FREDERICK HECHT (SEE ABOVE) COLLABORATED WITH COLLEAGUES TO EXAMINE EIGHT HIV-POSITIVE INDIVIDUALS AND PUBLISHED THEIR FINDINGS IN THE JULY ISSUE OF THE JOURNAL OF INFECTIOUS DISEASES. FIVE OF THE PATIENTS HAD STARTED ART EITHER DURING ACUTE INFECTION OR EARLY THEREAFTER. THREE ELECTED TO WAIT UNTIL AT LEAST ONE YEAR FOLLOWING INITIAL INFECTION. ALL HAD RECEIVED ART FOR AT LEAST THREE YEARS AT THE TIME OF STUDY. STEM CELLS WERE EXTRACTED FROM BONE MARROW SAMPLES USING A MARKER PROTEIN KNOWN AS CD34. THE DNA FORM OF HIV WAS SEARCHED FOR IN THESE CELLS BY AN ULTRA-SENSITIVE ASSAY DR. PALMER DEVELOPED YEARS AGO, ALSO WITH AMFAR FUNDING. RESULTS WITH THESE STEM CELLS WERE COMPARED TO STUDIES OF CD4+ T CELLS OBTAINED FROM THE BONE MARROW AND BLOOD OF THE SAME EIGHT SUBJECTS. DRS. PALMER AND HECHT FOUND THAT, "A LARGER POOL OF HIV-1-INFECTED CD4+ T CELLS HAD BEEN ESTABLISHED IN PATIENTS DURING CHRONIC INFECTION." THIS IS A POINT CRITICAL TO THE ARGUMENT THAT ART SHOULD BE STARTED AS EARLY AS POSSIBLE AFTER IDENTIFYING AN HIV INFECTION.

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LEADING THE CHARGE IN CURE RESEARCH

IN THE MARCH ISSUE OF THE JOURNAL CELL STEM CELL, THREE CURRENT AND FORMER ARCHE GRANTEES, DR. KEITH JEROME OF THE FRED HUTCHINSON CANCER RESEARCH CENTER IN SEATTLE AND DR. STEVEN DEEKS AND JOSEPH MCCUNE OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO-WHO MET AND FIRST DISCUSSED THE IDEA FOR THEIR PAPER AT A STEM CELL THINK TANK ORGANIZED BY AMFAR IN SEPTEMBER 2011-SUGGESTED THAT ONE MIGHT BE ABLE TO CREATE AN HIV-RESISTANT IMMUNE SYSTEM IN AN INFECTED PERSON BY GENETICALLY ENGINEERING A PERSON'S OWN STEM CELLS. THE AUTHORS ADMIT THAT SUCH "GENE MODIFICATION OF STEM CELLS WILL BE AN EXPENSIVE INTERVENTION" BUT SUGGEST THAT "IT MAY PROVE TO BE COST-EFFECTIVE GIVEN THAT DECADES-LONG ADMINISTRATION OF ANTIRETROVIRAL THERAPY WOULD COST SEVERAL HUNDRED THOUSAND DOLLARS PER PERSON."

"SHOCK AND KILL" STRATEGY HOLDS PROMISE IN THE SEARCH FOR A CURE WORKING ON THE "SHOCK AND KILL" APPROACH, ANOTHER ARCHE MEMBER, DR. SILICIANO (SEE ABOVE), DESCRIBED HIS NEWEST FINDINGS IN THE MARCH ISSUE OF THE JOURNAL OF ANTIMICROBIAL CHEMOTHERAPY. THE "SHOCK AND KILL" APPROACH INVOLVES AWAKENING LATENT VIRUS AND THEN KILLING IT WITH ARVS, ENHANCED IMMUNE ATTACK, OR A COMBINATION OF THESE METHODS. USING A MODEL FOR LATENTLY INFECTED T CELLS THAT THEY DEVELOPED, DR. SILICIANO AND COLLEAGUES TESTED A LARGE NUMBER OF CHEMICAL COMPOUNDS TO SEE WHICH, IF ANY, MIGHT ACTIVATE GROWTH OF HIV WITHOUT CAUSING HARM. THEY DISCOVERED TWO TYPES OF CHEMICALS THAT NOT ONLY COULD AWAKEN HIV BUT DID SO WITHOUT BROADLY STIMULATING THE CELLS TO PRODUCE POTENTIALLY HARMFUL IMMUNE

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HORMONES (CYTOKINES). SUPPORTING THE POSSIBILITY OF TURNING SUCH CHEMICALS INTO USEFUL DRUGS WAS THE FACT THAT THEY HAD CHARACTERISTICS OF KNOWN DRUGS THAT ARE READILY ABSORBED BY THE BODY AND TAKEN UP BY CELLS.

NEW TARGETED RFP

AMFAR ISSUED A REQUEST FOR PROPOSALS (RFP) IN SEPTEMBER 2012 FOR BIOMEDICAL RESEARCH PROJECTS RELEVANT TO EXPLORING THE MECHANISMS FOR HIV PERSISTENCE AND THE POTENTIAL FOR HIV ERADICATION.

THINK TANKS, SYMPOSIA, AND CONFERENCES

AN AMFAR SYMPOSIUM IN NOVEMBER 2011 BROUGHT TOGETHER LEADING SCIENTISTS, ADVOCATES, JOURNALISTS, AND ONE EXTRAORDINARY "PATIENT" TO DISCUSS THE HOLY GRAIL OF AIDS RESEARCH: A CURE. THE SYMPOSIUM, TITLED "MAKING AIDS HISTORY: CLOSING IN ON A CURE," FEATURED A CONVERSATION BETWEEN TIMOTHY BROWN, "THE BERLIN PATIENT," THE FIRST ADULT TO BE CURED OF HIV, GEORGE STEPHANOPOULOS OF ABC NEWS, AND JEFFREY LAURENCE, M.D., SENIOR SCIENTIFIC CONSULTANT FOR PROGRAMS AT AMFAR.

IN JUNE 2012, A THINK TANK ORGANIZED BY AMFAR IN SAN FRANCISCO BROUGHT TOGETHER 12 SCIENTISTS INVOLVED IN VARIOUS ASPECTS OF HIV CURE RESEARCH, ALONG WITH TWO BIOETHICISTS, TO EXPLORE THE POTENTIAL FOR AN HIV CURE IN INFANTS AND CHILDREN. AS A RESULT OF THE THINK TANK, IN SEPTEMBER AMFAR AWARDED A GRANT TO DR. DEBORAH PERSAUD OF JOHNS HOPKINS CHILDREN'S CENTER AND DR. KATHERINE LUZURIAGA OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, ENABLING THEM TO ESTABLISH A RESEARCH COLLABORATORY TO EXPLORE

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AND DOCUMENT POSSIBLE PEDIATRIC HIV CURE CASES. THE FIRST CASE OF A CHILD CURED OF HIV WAS CONFIRMED BY RESEARCHERS IN THE COLLABORATORY AND ANNOUNCED BY DR. PERSAUD IN MARCH 2013.

AMFAR ALSO PLAYED A PROMINENT ROLE IN RESEARCH-FOCUSED PROGRAMMING AT THE XIX INTERNATIONAL AIDS CONFERENCE. VICE PRESIDENT AND DIRECTOR OF RESEARCH DR. ROWENA JOHNSTON PARTICIPATED IN A TWO-DAY PRE-CONFERENCE CURE SYMPOSIUM-TITLED "TOWARDS AND HIV CURE"-CO-CHAired BY NOBEL PRIZE-WINNING SCIENTIST DR. FRANÇOISE BARRÉ-SINOUSI AND DR. STEVEN DEEKS. DR. JOHNSTON ALSO CO-CHAired A CONFERENCE SESSION TITLED "GENDER AND SCIENCE: SHIFTING THE PARADIGM IN HIV RESEARCH."

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 22 ADULT AND 21 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 8,385 PATIENTS AT 22 CLINICAL SITES IN 12 COUNTRIES. THE INFORMATION

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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 EARLY 2012, THE TAHOD NETWORK BEGAN RECRUITING PARTICIPANTS FOR A REGIONAL STUDY OF HIV-TUBERCULOSIS CO-INFECTION-RELATED TO SOCIO-ECONOMIC DETERMINANTS OF TUBERCULOSIS AND ADVERSE TREATMENT OUTCOMES, TUBERCULOSIS-ASSOCIATED IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME, AND MULTI-DRUG RESISTANT TUBERCULOSIS. THE STUDY PROTOCOL AND RELATED MATERIALS WERE DEVELOPED UNDER THE LEADERSHIP OF TREAT ASIA.

TREAT ASIA PEDIATRIC NETWORK

REPRESENTING MORE THAN 5,000 HIV-POSITIVE CHILDREN IN ASIA, TREAT ASIA'S PEDIATRIC NETWORK INCLUDES 21 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 4,400 PEDIATRIC PATIENTS AT 16 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.

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ADOLESCENT RESEARCH

IN 2012, TREAT ASIA COMPLETED TWO STUDIES THAT IT HOPES WILL INFORM AND IMPROVE ADOLESCENT HIV TREATMENT AND CARE IN SOUTHEAST ASIA. THIS FIRST STUDY EXAMINED THE INCIDENCE OF HUMAN PAPILLOMAVIRUS (HPV) INFECTION-A PRECURSOR TO CERVICAL AND ANAL CANCER-IN HIV-POSITIVE ADOLESCENTS. A SECOND STUDY ASSESSED BONE MINERAL DENSITY LEVELS IN CHILDREN LIVING WITH HIV AND FOUND PRELIMINARY CORRELATIONS BETWEEN THE USE OF ANTIRETROVIRAL THERAPY AND BONE DENSITY LOSS. IN ADDITION, AN ONGOING STUDY IS 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.

REACHING OUT TO MSM

THREE WORKSHOPS ON THE "TEST AND TREAT" APPROACH FOR PREVENTING HIV TRANSMISSION AND INCREASING UPTAKE OF HIV TESTING AND TREATMENT SERVICES AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TG) WERE HELD IN THAILAND IN 2012. THE WORKSHOPS WERE HELD PARALLEL WITH A PILOT STUDY PROVIDING ART TO MSM WITH NEWLY DIAGNOSED HIV, LED BY THE THAI RED CROSS AIDS RESEARCH CENTRE.

EXPLORING LINKS BETWEEN HIV AND CANCER

AMONG HIV-POSITIVE MSM, THE RISK OF ANAL CANCER IS TWICE THE LEVEL OF THOSE WHO ARE HIV-NEGATIVE, BUT LITTLE RESEARCH HAS BEEN DONE ON THIS ISSUE IN ASIA. WITH FUNDING FROM IEDEA, IN 2009 TREAT ASIA BEGAN

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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 EIGHT WORKSHOPS AND TRAINING SESSIONS IN 2012, INCLUDING SESSIONS ON HIV TESTING AND COUNSELING SKILLS, BASIC RESEARCH SKILLS (E.G., MANUSCRIPT DEVELOPMENT AND SCIENTIFIC WRITING), AND CLINICAL MANAGEMENT OF 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 2012, TREAT ASIA FUNDED THE DEVELOPMENT OF AN HIV DISCLOSURE BOOK FOR CHILDREN AND CAREGIVERS IN COLLABORATION WITH THE SOUTH EAST ASIA RESEARCH COLLABORATION WITH HAWAII (SEARCH) AT THE THAI RED CROSS AIDS RESEARCH CENTRE. THE BOOK PROVIDES BASIC INFORMATION ON HIV FOR CHILDREN

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WHO HAVE RECENTLY BEEN TOLD ABOUT THEIR HIV DIAGNOSIS. THE LANGUAGE AND ILLUSTRATIONS ARE TARGETED FOR YOUNGER CHILDREN IN ORDER TO HELP THEM BETTER UNDERSTAND THE IMPLICATIONS OF HAVING HIV INFECTION.

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

XIX INTERNATIONAL AIDS CONFERENCE

TREAT ASIA WAS WELL REPRESENTED AT THE CONFERENCE IN JULY 2012 IN WASHINGTON, D.C. 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. TWO STUDIES ON RISK BEHAVIORS AND TREATMENT OUTCOMES OF ADOLESCENTS FROM TREAT ASIA'S PEDIATRIC HIV NETWORK WERE PRESENTED.

15TH BANGKOK SYMPOSIUM ON HIV MEDICINE

AMFAR CONTINUED ITS SUPPORT OF THIS ANNUAL REGIONAL SYMPOSIUM, WHICH WAS HELD IN JANUARY 2012. DR. ANNETTE SOHN, VICE PRESIDENT AND DIRECTOR OF THE TREAT ASIA PROGRAM, SPOKE ABOUT THE USE OF PRE-EXPOSURE ANTIRETROVIRAL PROPHYLAXIS IN MSM.

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15TH INTERNATIONAL CONGRESS ON INFECTIOUS DISEASES (ICID)

TREAT ASIA NETWORK INVESTIGATORS PRESENTED FOUR STUDIES ON HIV-INFECTED ADOLESCENTS AT THIS ANNUAL CONGRESS, WHICH WAS HELD IN JUNE 2012 IN BANGKOK.

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 TO DEVELOP NEW METHODS OF PREVENTION, TREATMENT, AND, ULTIMATELY, A CURE FOR AIDS.

EDUCATIONAL MATERIALS

AMFAR PRODUCES A RANGE OF PERIODICALS IN BOTH PRINT AND ELECTRONIC FORMATS, INCLUDING ITS NEWSLETTER INNOVATIONS, PUBLISHED TWICE A YEAR AND DISTRIBUTED TO MORE THAN 40,000 PEOPLE; THE TREAT ASIA REPORT, PUBLISHED AND DISTRIBUTED THREE TIMES A YEAR TO MORE THAN 4,000 READERS IN THE INTERNATIONAL HEALTH COMMUNITY; AND A MONTHLY E-MAIL NEWSLETTER DISTRIBUTED TO MORE THAN 40,000 PEOPLE. THE FOUNDATION'S NEWLY REDESIGNED WEBSITE FEATURES NEWS, INTERVIEWS, AND ORIGINAL ARTICLES COVERING SCIENCE, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVITIES.

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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 POLICY MAKERS, HEALTHCARE PROFESSIONALS, PEOPLE LIVING WITH HIV/AIDS, AND THE GENERAL PUBLIC.

TOGETHER TO END AIDS

AMFAR AND GBCHEALTH HONORED BILL GATES AT A BENEFIT EVENT IN WASHINGTON, D.C., ON THE EVE OF THE INTERNATIONAL AIDS CONFERENCE, PAYING TRIBUTE TO THE SPIRIT OF GLOBAL COLLABORATION THAT HAS UNDERPINNED THE WORLD'S PROGRESS IN THE FIGHT AGAINST AIDS. THE EVENT, TITLED "TOGETHER TO END AIDS," WAS ATTENDED BY SHARON STONE, ANDERSON COOPER, JESSYE NORMAN, JOHN CORBETT, EVE, M?A?C AIDS FUND CHAIRMAN JOHN DEMSEY, THE HONORABLE NANCY PELOSI, UNAIDS EXECUTIVE DIRECTOR MICHEL SIDIBÉ, THE HONORABLE BARBARA LEE, THE HONORABLE ED MARKEY, AND HEALTH AND HUMAN SERVICES SECRETARY KATHLEEN SEBELIUS, AMONG MANY OTHERS.

GATES RECEIVED AMFAR'S AWARD OF COURAGE FOR HIS VISIONARY LEADERSHIP ON GLOBAL HEALTH AND HIV/AIDS. THE EVENING KICKED OFF THE FIRST INTERNATIONAL AIDS CONFERENCE TO BE HELD IN THE U.S. IN MORE THAN TWO DECADES.

SOCIAL MEDIA

AMFAR VIGOROUSLY EXPANDED ITS PRESENCE IN THE SOCIAL MEDIA ARENA,

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REACHING LARGE NUMBERS OF A PEOPLE AND A GENERALLY YOUNGER DEMOGRAPHIC THAT IS OFTEN LESS EDUCATED ABOUT HIV AND THE AIDS EPIDEMIC. THE FOUNDATION REGULARLY ADDED CONTENT TO ITS FACEBOOK PAGE, MOUNTED A CAMPAIGN TO INCREASE FACEBOOK FOLLOWERS, AND LIVE TWEETED FROM FUNDRAISING AND PROGRAM EVENTS. AMFAR PASSED 40,000 LIKES ON FACEBOOK IN 2012 AND NOW HAS MORE THAN 15,000 TWITTER 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, BLOOMBERG NEWS, AND THE HUFFINGTON POST.

AMFAR'S LEADERSHIP ROLE IN AIDS RESEARCH WAS HIGHLIGHTED IN LATE JULY, DURING AND AROUND THE INTERNATIONAL AIDS CONFERENCE IN WASHINGTON, D.C., WHEN MAJOR OUTLETS—INCLUDING THE WALL STREET JOURNAL, THE ASSOCIATED PRESS, BLOOMBERG, AND REUTERS—SOUGHT COMMENTARY FROM AMFAR'S LEADERSHIP.

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

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TAYLOR, AND OTHERS HAVE FOLLOWED IN HER FOOTSTEPS. AMFAR IS PROFOUNDLY GRATEFUL FOR THE CONTINUING STEADFAST SUPPORT OF GLOBAL FUNDRAISING CHAIRMAN SHARON STONE. IN 2012, CELEBRITY SUPPORTERS INCLUDED AMFAR AMBASSADORS CHEYENNE JACKSON, JANET JACKSON, MILLA JOVOVICH, LIZA MINNELLI, AND MICHELLE YEOH, AS WELL AS SARAH JESSICA PARKER, HEIDI KLUM, ALAN CUMMING, JOHN BENJAMIN HICKEY, JANELLE MONÁE, JENNIFER HUDSON, ELIZABETH HURLEY, DEBBIE HARRY, DIANE KRUGER, KYLIE MINOGUE, FUN., JESSIE J, THEOPHILUS LONDON, CHRIS TUCKER, ADRIEN BRODY, DITA VON TEESE, STANLEY TUCCI, CHELSEA HANDLER, AND KATY PERRY, AMONG MANY OTHERS.

PROGRAM SERVICE ACCOMPLISHMENTS (5)

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

THE GMT INITIATIVE (FORMERLY MSM 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 MSM INITIATIVE. THE PROGRAM WAS RECENTLY RENAMED THE GMT INITIATIVE TO BETTER REFLECT THE DIVERSITY OF THE PEOPLE IT SERVES. THROUGH SMALL, TARGETED GRANTS TO GRASSROOTS GROUPS, AMFAR HELPS EXPAND ACCESS TO HIV EDUCATION AND PREVENTION SERVICES; SUPPORTS ADVOCACY AIMED AT INCREASING FUNDING FOR PREVENTION AND TREATMENT SERVICES; AND WORKS TO END THE STIGMA, DISCRIMINATION, AND VIOLENCE THAT THREATEN THE LIVES OF GMT AND FUEL THE SPREAD OF HIV/AIDS.

COMMUNITY AWARDS

IN 2012, AMFAR AWARDED MORE THAN \$650,000 TO 39 GROUPS IN AFRICA, ASIA AND THE PACIFIC, THE CARIBBEAN, EASTERN EUROPE AND CENTRAL ASIA, AND

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LATIN AMERICA FOR A WIDE RANGE OF PROJECTS ADDRESSING HIV PREVENTION,
OUTREACH, EDUCATION, ADVOCACY, TESTING, RESEARCH, AND CAPACITY BUILDING.

SAMPLE FUNDED PROJECTS INCLUDE:

AFRICA

ESPOIR VIE TOGO (EVT) (LOMÉ, TOGO)

EVT IS HELPING TO CREATE THE FIRST EVER SAFE SPACE FOR LGBT PEOPLE AND OTHER MSM IN TOGO. AHOEFA-THE HOUSE OF PEACE-PROVIDES ACCESS TO PSYCHOSOCIAL SUPPORT, HIV TESTING AND COUNSELING, PREVENTION DISCUSSION GROUPS, CONDOMS, AND LUBRICANT. THE GROUP IS ALSO PROVIDING FINANCIAL SUPPORT FOR SCHOLARSHIPS FOR DESERVING STUDENTS, MICRO-CREDIT PROGRAMS, AND VOCATIONAL SKILLS TRAINING. EVT IS ENGAGING POLICY MAKERS, MEDIA REPRESENTATIVES, RELIGIOUS LEADERS, AND HEALTH CARE WORKERS IN DISCUSSIONS ABOUT STIGMA AND HOMOPHOBIA AND THEIR EFFECTS ON HIV VULNERABILITY AMONG MSM.

ASIA-PACIFIC

THE HUMAN RIGHTS EDUCATION INSTITUTE OF BURMA (HREIB) (CHIANG MAI/RANONG, THAILAND)

THIS DIRECT SERVICE PROJECT IS SUPPORTING PEER EDUCATORS WHO TEACH SEXUAL HEALTH-RELATED KNOWLEDGE AND RISK-REDUCTION SKILLS, INCREASING ACCESS TO HEALTHCARE AND VOCATIONAL TRAINING, AND PROMOTING BASIC HUMAN RIGHTS AMONG BURMESE MIGRANT MSM AND TRANSGENDER PERSONS LIVING IN RANONG, THAILAND.

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CARIBBEAN

GRUPO ESTE AMOR (LA ROMANA, DOMINICAN REPUBLIC)

THIS TRANSGENDER-SPECIFIC PROJECT IS HELPING TRANSGENDER WOMEN ACHIEVE ECONOMIC INDEPENDENCE BY PROVIDING HIV PREVENTION EDUCATION AND SMALL BUSINESS SKILLS. GRUPO ESTE AMOR IS TRAINING TRANSGENDER STYLISTS WHO DOUBLE AS HEALTH AGENTS TO THEIR CLIENTS, PROVIDING HIV PREVENTION INFORMATION AND CONDOMS, AND ENCOURAGING HIV TESTING AND REFERRALS.

EASTERN EUROPE AND CENTRAL ASIA

PENITENTIARY INITIATIVE (NIKOLAEV, UKRAINE)

BASED ON MULTIPLE PREVIOUS AMFAR AWARDS, THE GROUP ADVOCATES ON BEHALF OF, AND PROVIDES SERVICES FOR, "OUTCAST" GMT IN PRISON SETTINGS, INCLUDING PSYCHOLOGICAL SUPPORT GROUPS AND INDIVIDUAL COUNSELING. THE ORGANIZATION, WHICH RECEIVED ITS FOURTH GRANT FROM AMFAR, IS ALSO PILOTING NEW STRATEGIES (SUCH AS RAPID HIV TESTING) IN THREE PRISONS, AS WELL AS CONTINUING TO HOLD TRAINING SEMINARS WITH MINISTRY OF JUSTICE OFFICIALS ON BOTH MEDICAL AND NON-MEDICAL ASPECTS OF LIVING WITH HIV.

LATIN AMERICA

FUNDACIÓN LLANTO, VALOR Y ESFUERZO (LLAVES) (SAN PEDRO SULA, HONDURAS)

LLAVES IS TRAINING KEY TRANSGENDER LEADERS TO BECOME EDUCATED IN POLICY, LAW, AND HUMAN RIGHTS IN ORDER TO AMEND THE HONDURAN SPECIAL LAW ON HIV TO INCLUDE PROTECTION FOR ALL CITIZENS REGARDLESS OF SEXUAL ORIENTATION AND GENDER IDENTITY. ADDITIONALLY, LLAVES IS WORKING WITH LOCAL MEDIA TO INCREASE AWARENESS OF ISSUES SUCH AS HIV, HUMAN RIGHTS, AND SEXUAL

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DIVERSITY.

"IN ACTION" AWARDS

THE GMT INITIATIVE ALSO MADE FIVE 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. SIX ADDITIONAL 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 2012 TOTALED MORE THAN \$180,000.

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 EFFECTIVE STRATEGIES FOR ADDRESSING IT, AMFAR PUBLISHES REPORTS ON HIV AND GMT. IN NOVEMBER 2011, AMFAR PUBLISHED A FUNDRAISING TOOLKIT FOR GMT-LED ADVOCACY IN LOW- AND MIDDLE-INCOME COUNTRIES, OFFERING GENERAL TIPS ON FUNDRAISING AND INFORMATION ABOUT WHO IS FUNDING GMT GROUPS. THE TOOLKIT IS AVAILABLE IN ENGLISH, RUSSIAN, AND SPANISH. AND WITH THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, AMFAR PUBLISHED ACHIEVING AN AIDS-FREE GENERATION FOR GAY MEN AND OTHER MSM, A NEW REPORT PROVIDING THE MOST COMPREHENSIVE ANALYSIS TO DATE OF

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HIV-RELATED FUNDING AND PROGRAMMING FOR THIS POPULATION.

XIX INTERNATIONAL AIDS CONFERENCE

LED BY DIRECTOR KENT KLINDERA, THE GMT INITIATIVE WAS WELL REPRESENTED AT THE XIX INTERNATIONAL AIDS CONFERENCE, WITH SEVERAL COMMUNITY PARTNERS PRESENTING DATA FROM AMFAR-SUPPORTED PROJECTS. HIGHLIGHTS INCLUDED A PRESENTATION ON SUSTAINABLE FUNDING DURING A GLOBAL FORUM ON MSM AND HIV PRE-CONFERENCE MEETING, AND A SKILLS-BUILDING SESSION ON COMMUNITY ENGAGEMENT IN GMT-RELATED RESEARCH.

PROGRAM SERVICE ACCOMPLISHMENTS (6)

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

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

PEPFAR AND COMBINATION PREVENTION FOR AN AIDS-FREE GENERATION

FEBRUARY 1, 2012

AMFAR CO-HOSTED A BRIEFING-WITH THE IDSA CENTER FOR GLOBAL HEALTH POLICY AND THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)-TO DISCUSS COMBINATION PREVENTION APPROACHES TO HIV. SPEAKERS WERE U.S. GLOBAL AIDS

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COORDINATOR DR. ERIC GOOSBY, DR. DIANE HAVLIR OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, DR. CHRIS BEYRER OF THE JOHNS HOPKINS CENTER FOR PUBLIC HEALTH AND HUMAN RIGHTS, DR. RJ SIMONDS OF THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION, AND DR. RENEE RIDZON OF THE BILL & MELINDA GATES FOUNDATION.

BEGINNING TO END THE AIDS EPIDEMIC: WHAT'S THE RESEARCH AGENDA?

MAY 23, 2012

PANELISTS REVIEWED AND DISCUSSED CURRENT AND UPCOMING AREAS OF HIV-RELATED RESEARCH, INCLUDING MICROBICIDES, PRE-EXPOSURE PROPHYLAXIS (PREP), TREATMENT AS PREVENTION, VACCINES, AND THE SEARCH FOR A CURE. SPEAKERS INCLUDED DR. CARL DIEFFENBACH OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, DÁZON DIXON DIALLO OF SISTERLOVE, INC. AND MOREHOUSE SCHOOL OF MEDICINE; AND DR. JARED BAETEN OF THE UNIVERSITY OF WASHINGTON.

A CURE FOR HIV/AIDS: RECENT BREAKTHROUGHS AND NEW RESEARCH FRONTIERS

JUNE 20, 2012

IN ADDITION TO TWO PANELS OF TOP HIV/AIDS RESEARCHERS AND ADVOCATES, THE BRIEFING INCLUDED AN INTERVIEW BY JUDY WOODRUFF, CO-ANCHOR AND SENIOR CORRESPONDENT OF PBS NEWS HOUR, WITH TIMOTHY BROWN, "THE BERLIN PATIENT," THE FIRST PERSON KNOWN TO BE CURED OF HIV. DURING THE FIRST PANEL, AMFAR GRANTEE DR. ROBERT SILICIANO OF JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, DESCRIBED HIS WORK STUDYING WAYS TO FORCE LATENT HIV THAT IS LYING DORMANT IN CELLS TO BECOME ACTIVE SO THAT IT CAN BE TARGETED BY

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ANTIRETROVIRAL THERAPY. THE SECOND PANEL FEATURED AMFAR TRUSTEE REGAN HOFMANN, FORMER EDITOR OF POZ MAGAZINE, WHO URGED POLICYMAKERS TO SEIZE ON RECENT SCIENTIFIC ADVANCES NOW.

HARM REDUCTION

AS ONE OF THE EARLIEST SUPPORTERS OF COMPREHENSIVE HARM REDUCTION PROGRAMS FOR INJECTION DRUG USERS (IDUS), INCLUDING SYRINGE EXCHANGE, AMFAR HAS PLAYED A LEADING ROLE IN ADVOCATING THE IMPLEMENTATION OF THESE LIFESAVING HIV PREVENTION PROGRAMS.

IMMEDIATELY PRIOR TO THE OPENING OF THE 2012 INTERNATIONAL AIDS CONFERENCE, AMFAR AND THE INTERNATIONAL AIDS SOCIETY - WITH FINANCIAL AND PLANNING SUPPORT FROM THE OPEN SOCIETY FOUNDATIONS - CONVENED A DAY-LONG MEETING TO REVIEW AVAILABLE EVIDENCE ON EFFECTIVE STRATEGIES TO COMBAT HIV AMONG PEOPLE WHO USE DRUGS. THE MEETING ATTRACTED APPROXIMATELY 200 PARTICIPANTS FROM 30 COUNTRIES, INCLUDING RESEARCHERS, CLINICIANS, GOVERNMENT OFFICIALS, COMMUNITY-BASED ORGANIZATIONS, AIDS ADVOCATES, PEOPLE WHO USE DRUGS, AND PEOPLE LIVING WITH HIV.

AMFAR FUNDS THE ONLY ANNUAL NATIONAL SURVEY OF U.S. SEPS, WHICH IS TRADITIONALLY PUBLISHED IN THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR). UNDER CONTRACT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH'S AIDS INSTITUTE, AMFAR CONTINUED TO ADMINISTER THE DISTRIBUTION OF HARM REDUCTION SUPPLIES TO THE 21 AUTHORIZED SEPS STATEWIDE, WHICH HAVE SERVED MORE THAN 160,000

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REGISTERED PARTICIPANTS.

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 MARCH, AMFAR SPEARHEADED A SUCCESSFUL CONSULTATION ON THE RESEARCH AGENDA FOR USE OF MODELING IN ADDRESSING THE DOMESTIC EPIDEMIC. MORE THAN 30 PLANNERS, AIDS DIRECTORS, ADVOCATES, AND MODELERS ATTENDED. PUBLIC POLICY STAFF MEMBERS MET WITH THE NEW OFFICE OF NATIONAL AIDS POLICY (ONAP) DIRECTOR GRANT COLFAX TO DISCUSS PRIORITIES, AND SET UP AND ATTENDED MEETINGS ON DOMESTIC APPROPRIATIONS WITH KEY CONGRESSIONAL STAFF.

GLOBAL HEALTH

AT THE INTERNATIONAL AIDS CONFERENCE, AMFAR RELEASED AN "ACTION AGENDA TO END AIDS," DEVELOPED WITH AVAC TO IDENTIFY FIVE MAJOR SHORT-TERM PRIORITIES FOR GLOBAL AIDS PROGRAMS TOGETHER WITH REALISTIC, ANNUAL TARGETS THROUGH 2015. THE REPORT WAS THE FOCUS OF A SATELLITE SESSION AT THE CONFERENCE TITLED "GETTING REAL ABOUT GETTING TO THE END OF AIDS." A PANEL DISCUSSION MODERATED BY RENOWNED JOURNALIST CHARLAYNE HUNTER-GAULT INCLUDED ANTHONY FAUCI, M.D., OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES; MIKE COHEN, M.D., OF THE UNIVERSITY OF NORTH CAROLINA; HELEN REES, M.D., OF THE WITS REPRODUCTIVE HEALTH AND HIV INSTITUTE IN SOUTH AFRICA; CHRIS COLLINS, AMFAR VICE PRESIDENT AND DIRECTOR OF PUBLIC POLICY; MITCHELL WARREN, EXECUTIVE DIRECTOR OF AVAC;

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AND OTHER LEADING AIDS EXPERTS.

GMT

GMT-GAY MEN, OTHER MEN WHO HAVE SEX WITH MEN, AND TRANSGENDER INDIVIDUALS-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 (FORMERLY MSM INITIATIVE) TO ADVOCATE EXPANDED ACCESS TO HIV PREVENTION AND TREATMENT SERVICES FOR GMT WORLDWIDE, AND TO FIGHT THE STIGMA AND DISCRIMINATION THAT MAKE GMT MORE VULNERABLE TO HIV INFECTION AND INHIBIT EQUAL ACCESS TO CARE.

IN JANUARY, AMFAR RELEASED A NEW REPORT-TITLED "ACHIEVING AN AIDS-FREE GENERATION FOR GAY MEN AND OTHER MSM"-ON GLOBAL FUNDING AND POLICY RELATED TO TACKLING THE HIV EPIDEMIC AMONG GAY MEN AND OTHER MSM. THE REPORT PROVIDES THE MOST COMPREHENSIVE ANALYSIS TO DATE OF HIV-RELATED FUNDING AND PROGRAMMING FOR THIS POPULATION. FOCUSING ON EIGHT COUNTRIES, IT FINDS THAT NATIONAL GOVERNMENTS HAVE FAILED TO ADEQUATELY ADDRESS THE EPIDEMIC AMONG MSM, PARTICULARLY IN COUNTRIES THAT CRIMINALIZE SAME-SEX SEXUAL BEHAVIOR.

AT THE INTERNATIONAL AIDS CONFERENCE, AMFAR PLAYED A KEY ROLE IN A SYMPOSIUM SESSION TITLED "MEN WHO HAVE SEX WITH MEN AND HIV"-HOSTED BY THE LANCET, WHOSE JULY 28, 2012, ISSUE FEATURED A SERIES ON THE SAME THEME, INCLUDING TWO ARTICLES CO-AUTHORED BY AMFAR VICE PRESIDENT AND DIRECTOR OF PUBLIC POLICY CHRIS COLLINS. COLLINS PRESENTED ONE OF THE

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ARTICLES, "A CALL TO ACTION FOR COMPREHENSIVE HIV SERVICES FOR MEN WHO HAVE SEX WITH MEN."

AN ISSUE BRIEF RELEASED BY AMFAR AND TRUST FOR AMERICA'S HEALTH (TFAH) IN SEPTEMBER—ENDING THE HIV EPIDEMIC AMONG GAY MEN IN THE UNITED STATES—ARGUES THAT MORE FREQUENT HIV TESTING AND LINKAGE TO APPROPRIATE CARE, IN COMBINATION WITH TRADITIONAL PREVENTION MEASURES SUCH AS CONSISTENT USE OF CONDOMS AND SAFER SEX PRACTICES, ARE NEEDED TO BRING DOWN HIV INCIDENCE AMONG GAY MEN. IT CALLED FOR SYSTEMATIC CHANGES TO REDUCE BARRIERS TO HIV TESTING AND TREATMENT FOR GAY MEN, INCLUDING EXPANDED PROVIDER EDUCATION AND TRAINING, INSURANCE COVERAGE, AND UTILIZATION OF NEW TESTING TECHNOLOGIES. THE REPORT ALSO URGED LGBT COMMUNITY ORGANIZATIONS TO REDEDICATE THEMSELVES TO FIGHTING AIDS IN AMERICA.

PRE-EXPOSURE PROPHYLAXIS (PREP)

AS PART OF A COALITION OF AIDS ADVOCACY ORGANIZATIONS, AMFAR CALLED ON THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) EARLY IN 2012 TO APPROVE THE ANTIRETROVIRAL DRUG TRUVADA AS PRE-EXPOSURE PROPHYLAXIS (PREP), AND, IN TESTIMONY BEFORE THE ADVISORY PANEL, EMPHASIZED THE NEED FOR DEMONSTRATION PROJECTS TO DETERMINE HOW PREP CAN BE USED FOR OPTIMAL PUBLIC HEALTH IMPACT.

IN JULY, AMFAR APPLAUDED THE FDA'S DECISION TO APPROVE USE OF TRUVADA AS AN OPTION FOR HIV PREVENTION. THE DECISION FOLLOWED A MAY 10

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RECOMMENDATION BY AN ADVISORY PANEL TO THE AGENCY, WHICH SAID THAT TRUVADA, CURRENTLY APPROVED FOR HIV TREATMENT, IS ALSO A SAFE AND EFFECTIVE MEANS TO PREVENT INFECTION IN SEXUALLY ACTIVE ADULTS. THE DRUG, MANUFACTURED BY GILEAD SCIENCES INC., WAS STUDIED IN SEVERAL MAJOR TRIALS THAT DEMONSTRATED THE ONCE-DAILY PILL, WHEN TAKEN CONSISTENTLY, SIGNIFICANTLY REDUCES THE CHANCES OF ACQUIRING HIV. AMFAR CONTINUES TO ADVISE THE U.S. GOVERNMENT ON HOW TO INCORPORATE TRUVADA INTO GLOBAL PREVENTION STRATEGIES AND GOALS.

POLICIES

FORM 990, PART VI, SECTION B

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

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

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

DISCLOSURE

FORM 990, PART VI, SECTION C

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

FUNCTIONAL EXPENSES

PART IX, LINES 1 & 3

THE FOUNDATION FOR AIDS RESEARCH REPORTS ITS GRANTS NET OF GRANT RETURNS OR RECOVERIES. PERIODICALLY, GRANTS REMITTED TO CHARITABLE ORGANIZATIONS

| | |
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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 MAY NOT NECESSARILY TIE TO TOTAL GRANTS ON SCHEDULE I; AMOUNTS REPORTED ON PART IX, LINE 3 MAY NOT NECESSARILY TIE TO TOTAL GRANTS ON SCHEDULE F.

OTHER CHANGES IN NET ASSETS

FORM 990, SECTION XI, LINE 5

UNREALIZED GAIN.....\$836,699

GAIN ON THIRD PARTY TRUST.... (14,185)

(\$822,514)

=====

ATTACHMENT 1

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

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

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

FOUNDATION FOR AIDS RESEARCH." ON OCTOBER 18, 2005, THE NEW YORK STATE DEPARTMENT OF STATE APPROVED THIS CHANGE. IN ADDITION, THE FOUNDATION HAS SECURED APPROVAL FOR DOING BUSINESS AS (DBA) THE FOLLOWING:

- AMERICAN FOUNDATION FOR AIDS RESEARCH
- AMFAR
- AIDS RESEARCH FOUNDATION

AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH. THE FOUNDATION ACCOMPLISHES THIS MISSION THROUGH:

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

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| ATTACHMENT 2 | |

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

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--------------------|-------------------|-------------------|----------------|
| MSM INITIATIVE | 835,851. | 1,974,629. | 0 |
| PUBLIC POLICY | 548,609. | 2,316,596. | 0 |
| TOTALS | <u>1,384,460.</u> | <u>4,291,225.</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, OK, OR, PA,
 RI, SC, TN, UT, VA, WV, WI,

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| AAB PRODUCTION 64 ALLEN STREET, 5TH FLOOR NEW YORK, NY 10002 | EVENTS PRODUCTION | 237,400. |
| JOSH WOODS PRODUCTION 39 WEST 14THS STREET, SUITE 504 NEW YORK, NY 10011 | EVENTS PRODUCTION | 180,000. |
| GRANT THORNTON LLP 1901 W. MEYERS ROAD, SUITE 455 OAKBROOK TERRACE, IL 60181 | ACCOUNTING & AUDIT | 177,101. |
| THE MORRIS & KING COMPANY LLC 101 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10003 | PUBLIC RELATIONS | 132,000. |
| JOHN MINI CONSULTING INC. 707 SAVANNAH ROAD LEWES, DE 19958 | DIRECT MAIL | 124,550. |

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ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TOTAL COMPENSATION

851,051.