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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			endar year, or tax year beginning		and ending					
В	Check if applicat	ole .	C Name of organization				D Emp	loyer	identification number	
	Addr	ess change	AMERICAN FEDERATION FOR MEDICA	L RE	SEARCH					
	Nam	e change	FOUNDATION				22	2 – 3	061358	
						E Tele _l	phone	number		
							97	978-927-8330		
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal cod	ē	•		F Grou	ıp Exe	emption	
		ation pending	BEVERLY, MA 01915				Num	ber	•	
G		nting Metho	od: Cash X Accrual Other (specify)				H Chec	:k ▶	X if the organization is	
			FMR.ORG						ed to attach Schedule B	
			is (check only one) $= X 501(c)(3) 501(c)$ (insert	no.)	4947(a)(1) or L	527), 990-EZ, or 990-PF).	
_		of organizat		Ott	<u> </u>				·	
		_	and 7b to line 9 to determine gross receipts. If gross receipts are \$200			ets (Part I	l.		·	
) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,				▶ \$	6,990.	
	art I	Reve	nue, Expenses, and Changes in Net Assets or	Fund E	Balances (see	the instru	ctions f			
ــــا			f the organization used Schedule O to respond to any question in this F		•				X	
_	1 1		ons, gifts, grants, and similar amounts received					1	5,195.	
	2		service revenue including government fees and contracts				F	2	<u> </u>	
	3	-	hip dues and assessments				F	3		
	4	Investme	•	SEE	SCHEDUL	EΟ	F	4	1,795.	
	5a		ount from sale of assets other than inventory	1	5a		r		,	
			t or other basis and sales expenses	-	5b					
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events								
_	1 -	•	ome from gaming (attach Schedule G if greater than							
ΞĒ	"	\$15,000)	one from gaming (attach content to a figrouter than	١	sa I					
Revenue	Ь		ome from fundraising events (not including \$		contributions		$\overline{}$			
æ	"		raising events reported on line 1) (attach Schedule G if the sum of suc		Contributions					
			ome and contributions exceeds \$15,000)		5b		1			
	١,	-	ct expenses from gaming and fundraising events	<u> </u>	6c		\dashv			
	Ι.		et expenses from gaming and fundraising events ie or (loss) from gaming and fundraising events (add lines 6a and 6b a					6d		
	d		es of (1055) from gaming and fundraising events (add lines of and ob a	1	7a		ŀ	- Ou		
				_	7b	-				
	1		t of goods sold fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>ب</u>				7c		
		•	enue (describe in Schedule O)		• •	,	- F	8		
	8		•			· i		9	6,990.	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1		- :		10	0,990.	
	10		d similar amounts paid (list in Schedule 0)		Landow Cold	2 1	-	11		
	11	•	aid to or for members			٠	H	12		
ses	12		other compensation, and employee benefits		* .**	<i>7</i> **			1,031.	
ē	13		nal fees and other payments to independent contractors					13	1,031.	
Expenses	14	•	y, rent, utilities, and maintenance					14		
	15		publications, postage, and shipping	CEE	SCHEDUL	E A		15	717.	
	16		enses (describe in Schedule 0)	SEE	SCHEDUL	EU	\ 	16		
	17		enses. Add lines 10 through 16	•				17	1,748. 5,242.	
ş	18		(deficit) for the year (Subtract line 17 from line 9)				-	18	5,242.	
SSE	19		s or fund balances at beginning of year (from line 27, column (A))						112 410	
Net Assets		, ,	ee with end-of-year figure reported on prior year's return)	CDD	COURDIT	E ^	-	19	112,418.	
Ž	20		nges in net assets or fund balances (explain in Schedule 0)	DEE	SCHEDUL	E U	\ 	20	3,730.	
_	21		s or fund balances at end of year. Combine lines 18 through 20				<u> </u>	21	121,390.	
LH	A For	Paperwor	k Reduction Act Notice, see the separate instructions.						Form 990-EZ (2014)	

12260410 803373 AFM1358

Oilli v	990-EZ (20,14) FOUNDATION			<u>22-3</u>	<u> 10613</u>	58 Page 2
Par	rt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any quest	ion in this Part II			X
			(A) Beginning of year	T	(B) E	nd of year
22	Cash, savings, and investments		112,173	• 22		119,870.
	Land and buildings	<u> </u>	•	23	-	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	, –	245			1,520.
25	Total assets	F	112,418			121,390.
26 26	Total liabilities (describe in Schedule O)	<u> </u>	0	• 26		0.
	•	-	112,418			121,390.
27	Net assets or fund balances (line 27 of column (B) mustagree with line 21) † III Statement of Program Service Accomplishmen	ats (ass the instru		• 27		
Par	•	•	,	\mathbf{x}		rpenses for section
	Check if the organization used Schedule O to response		ion in this Part III			and 501(c)(4)
What i	is the organization's primary exempt purpose? SEE SCHEDULE O	·	 			ons; optional for
	be the organization's program service accomplishments for each of its three largest program		enses In a clear and concise	- 1	others.)	
	r, describe the services provided, the number of persons benefited, and other relevant inform					
	FRANTS - GRANTS AND AWARDS TO YOUNG					
I	TO SUPPORT REGIONAL AND SCHOLAR PRO	GRAM EXPENS	ES OF THE			
Ā	AFMR.					
(0	Grants \$ 0 •) If this amount includes foreign g	rants, check here	•	2	8a	0.
29 🗀						
				_		
_						
70	Grants \$) If this amount includes foreign g	rants check here		وات	9a	
30 77	Jii tiis amount includes loreign g	iants, check here		- 		
· _						
_						
_				 _		
_	Grants \$) if this amount includes foreign g	rants, check here	<u> </u>	3	0a	.
	Other program services (describe in Schedule O)			-1		
(0	Grants \$) If this amount includes foreign g	rants, check here			1a	
32 T	Total program service expenses (add lines 28a through 31a)				32	0.
Par	t IV List of Officers, Directors, Trustees, and Key E	mployees (list each o	ne even if not compensated -	see the in	structions f	or Part IV)
_	Check if the organization used Schedule O to resp	oond to any quest	ion in this Part IV			
		(b) Average hours	(C) Reportable		h benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)		utions to ee benefit	amount of other
	(a) Name and the					I companeation
	(a) Name and the	position	(if not paid, enter -0-)	plans, an	ensation	compensation
ABR		position		plans, an		Compensation
	RAHAM THOMAS, MD	· ·	(if not paid, enter -0-)	plans, an	ensation	· -
PRE	RAHAM THOMAS, MD	position 2 • 0 0		plans, an		0.
PRE	RAHAM THOMAS, MD ESIDENT IGMING NING, MD	2.00	(if not paid, enter -0-)	plans, an	0 .	0.
PRE MIN PRE	RAHAM THOMAS, MD ESIDENT NGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER	· ·	(if not paid, enter -0-)	plans, an	ensation	· -
PRE MIN PRE AMI	RAHAM THOMAS, MD ESIDENT NGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER IR A. ZEKI, M.D.	2.00	(if not paid, enter -0-)	plans, an	0 .	0.
PRE MIN PRE AMI SEC	RAHAM THOMAS, MD ESIDENT NGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER IR A. ZEKI, M.D. CRETARY-TREASURER	2.00	(if not paid, enter -0-)	plans, an	0 .	0.
PRE MIN PRE AMI SEC ROE	RAHAM THOMAS, MD ESIDENT IGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER IR A. ZEKI, M.D. CRETARY-TREASURER BERT J. FREISHTAT, MD	2.00 2.00 2.00	(if not paid, enter -0-) 0 • 0 •	plans, an	0 • 0 •	0.
PRE MIN PRE AMI SEC ROE	RAHAM THOMAS, MD ESIDENT NGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER IR A. ZEKI, M.D. CRETARY-TREASURER	2.00	(if not paid, enter -0-)	plans, an	0 .	0.
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PRE MIN PRE AMI SEC ROE	RAHAM THOMAS, MD ESIDENT IGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER IR A. ZEKI, M.D. CRETARY-TREASURER BERT J. FREISHTAT, MD	2.00 2.00 2.00	(if not paid, enter -0-) 0 • 0 •	plans, an	0 • 0 •	0.
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PRE MIN PRE AMI SEC ROE	RAHAM THOMAS, MD ESIDENT IGMING NING, MD ESIDENT-ELECT/SECRETARY-TREASURER IR A. ZEKI, M.D. CRETARY-TREASURER BERT J. FREISHTAT, MD	2.00 2.00 2.00	(if not paid, enter -0-) 0 • 0 •	plans, an	0 • 0 •	0.

AMERICAN FEDERATION FOR MEDICAL RESEARCH 22-3061358 FOUNDATION Form 990-EZ (20.14) Page 3 Part V | Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V XYes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

so a	on lines 2, 6a, and 7a, among others)?	35a		Х
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			_
Ī	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
17 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
18 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
9	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		ŀ	
0 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		-	
	section 4911 ► ; section 4912 ► ; section 4955 ► 0 .		1	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		- 1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		- 1	
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		ŀ	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization • 0 •		l	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			7.7
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed MA The organization's books are in care of PRRI Telephone no. > 978-92	7 0	220	
2 a		$\frac{7-8}{191}$		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		_
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
-	If "Yes," enter the name of the foreign country.	-	1	
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
		N/A		

Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

44a X X 44h $\overline{\mathbf{x}}$ 44c 44d X 45a

X

X

Form 990-EZ (2014)

Form	990-EZ (20(14)	FOUNDATION						22-3061	358	Page 4
46			engage, directly or indirectly,	in political campaign activitie	s on behalf of	or in oppositio	on to candida	ites for pu	ublic office?	46	Yes No
Pa			n 501(c)(3) organizati	ons only	-		····		•	70]	
			n 501(c)(3) organizations m		49b and 52.	and complet	te the table	s for line	s 50 and 51.		
			the organization used Sche								
		-		<u> </u>							Yes No
47	Did the o	rganization	engage in lobbying activities of	or have a section 501(h) elect	tion in effect d	uring the tax ye	ear? If "Yes,"	complete	Sch. C, Part II	47	X
48	Is the org	anization a	school as described in section	1 170(b)(1)(A)(II)? If "Yes," co	omplete Sche	dule E			Ì	48	X
49 a	Did the o	rganization	make any transfers to an exer	npt non-charitable related or	ganization?					49a	X
b	If "Yes," v	vas the rela	ted organization a section 527	organization?						49b	
50	Complete	this table	for the organization's five high	est compensated employees	(other than o	ficers, director	s, trustees a	nd key en	nployees) who e	ch rec	eived more
	than \$10	0,000 of co	mpensation from the organiza	tion. If there is none, enter "N	lone."						
		(;	a) Name and title of each emplo	oyee		age hours	(C) Rep	ortable	(d) Health benefits contributions to	. (,	Estimated
					•	devoted to	compensati W-2/1099		employee benefit plans, and deferre		unt of other
			l l	IONE	pos	sition			compensation	con	npensation
										ļ <u>-</u>	
									<u> </u>	_	
											
										+	
			 								
f			er employees paid over \$100,0				<u> </u>				
	Complete organizat	this table ion. If there	for the organization's five highers is none, enter "None."	est compensated independer	nt contractors						
	(a) N	lame and b	usiness address of each indep	endent contractor		(D)) Type of ser	vice	(c) (Comper	ISation
	 										
				<u></u> .					İ		
	 -									-	
									1		
				_							
			 _								
		-	<u> </u>						İ		
d	Total nun	nber of oth	er independent contractors eac	ch receiving over \$100,000			>		<u> </u>		
			complete Schedule A? Note.		ations must at	tach a	_				
	complete	d Schedule	• A	-					▶ 🖸	X Yes	s 🔲 No
Unde	r penalties	s of perjury	, I declare that I have examine	this return, including accon	npanying sche	dules and state	ements, and	to the be	st of my knowled	ge and	belief, it is
true,	correct, a	nd complet	e Dyclaration of preparer (oth	er than officer) is based on a	II information	of which prepa	rer has any l	knowledg	e		
			NOW								
Sig	ո 🚩	Signature	of officer						Date		
Her	re 📗			D., PRESIDEN	T-ELEC	Т					
		Type or pr	int name and title		_		<u>-</u>				
	•	Print/Typ	oe preparer's name	Preparer's signature		Date		neck] if PTIN		
Pai	d		OND L. ANSTISS	· ·	ANSTI	1.		elf- emplo	·		
	parer	JR.		JR.		04/10			P00		
	Only		ame ► ANSTISS &				F	ırm's EIN	▶ 04-29		
	,	Firm's a	ddress ▶1115 WEST				[F	Phone no.	(978)	452-	-2500
		1	LOWELL, N							!	
May	the IRS di	scuss this	return with the preparer shown	above? See instructions				_		Ye	
									F	orm 9 9	90-EZ (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 AMERICAN FEDERATION FOR MEDICAL RESEARCH

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION

22-3061358 Part 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of listed in your (described on lines 1-9 other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) AMERICAN FEDERATION FOR MEDICAL RESEAR 52-6056060 7 X 0

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					j	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			<u> </u>	 	•	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	, , , , , , ,	· · · ·	, , <u> </u>			
8	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					1	
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				1		
	assets (Explain in Part VI)				1		
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	-
	organization, check this box and stor	here		·			▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			• •	
14	Public support percentage for 2014 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	atıon			
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	<mark>nere.</mark> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	icly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s <u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Pa	art III Support Schedule for (Organizations	Described in	Section 509(a	1)(2)		
	` (Complete only if you checked	l the box on line 9	of Part I or if the	organization failed	to qualify under P	art II. If the organiz	ation fails to
	qualify under the tests listed b	elow, please com	plete Part II.)				
	ction A. Public Support			т	T	, 	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")		+		 		
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in					Į.	
	any activity that is related to the organization's tax-exempt purpose					İ	
3	Gross receipts from activities that				 		
3	are not an unrelated trade or bus-		i				
	iness under section 513						
4	Tax revenues levied for the organ-		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
-	ization's benefit and either paid to		ŀ				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge					j	
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and			!			
_	3 received from disqualified persons				ļ		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						i
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		 				
	Add lines 7a and 7b		 				
<u>8</u>	Public support (Subtract line 7c from line 6)	-		1			<u> </u>
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(4,7 = 3 + 3	(-/	(-,	(-,	1-7	(7 :
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						<u> </u>
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				ļ	ļ	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						<u> </u>
12	or loss from the sale of capital						
12	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
	First five years. If the Form 990 is for	the organization	's first second thi	rd fourth or fifth t	av vear as a secti	n 501(c)(3) organi:	zation
17	check this box and stop here	the organization	3 mst, second, an	ra, rourer, or mare	ax year as a seem	on out (c)(o) organiz	▶ □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2014 (column (f))		15	%
	Public support percentage from 2013		=	.,,		16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for 20	114 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18					-	18	%
19	a 33 1/3% support tests - 2014. If the						17 is not
	more than 33 1/3%, check this box a						. ▶ 🗀
t	33 1/3% support tests - 2013. If the						. —
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in dia not check a	LDOX ON IME 14, 15	a, or 190, check t	nis dox and see in	STUCTIONS	

Part IV Supporting Organizations

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

		-					
Sec	tion	Α.	All	Suppor	ting	Orga	nizations

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

		Yes	No
	1	x	
			х
	2 3a		x
	3b		
	3c		
	4a		<u>x</u>
	4b		
	4c		
	50		X
	5a		
	5b 5c		
	6		X
	7		х
	8		<u> </u>
	9a		<u>x</u>
	9b		х
	9c	_	х
	10a		X
	10b	2 ==	0041
n 9	90 or 99	W-EZ)	2014

## No In Hast the organization accepted a gift or contribution from any of the following persons? ## A parson who directly or inferretly controls, either above 7 to gether with persons described in (b) and (c) below, the governing body of a supported organization? ## A Family member of a parson described in (a) above? ## A SASK controlled entity of a person described in (a) above? ## A SASK controlled entity of a person described in (a) above? ## A SASK controlled entity of a person described in (a) above? ## A SASK controlled entity of a person described in (a) of (b) above? ## A SASK controlled entity of a person described in (a) of (b) above? ## A SASK controlled entity of a person described in (a) of (b) above? ## A SASK controlled entity of a person described in (a) of (b) above? ## A SASK controlled entity of a person described in (a) of (b) above? ## A SASK controlled entity of a person described or in controlled the supported organizations have the power to regularly appoint or elect at least a major for of the organizations describe both the powers to appoint and/or remove defectors or trustees at all times during the tax year. ## A DA SASK controlled the organizations are defectors or trustees and are not the supported organization, describe how the powers to appoint and/or remove defectors or trustees were elicitated among the supported organization operated, supervised, or controlled the supported organization operated among the supported organization operated among the supported organization operated among the supported organizations were allowed among the supported organizations and what conditions or residence or controlled the supporting Organizations ## A DA SASK controlled the supporting Organizations ## A DA SASK controlled the supporting Organizations ## A DA SASK controlled the supported organizations of the supported organization operated, supervised organizations of the organization operated organization operated organization operated organization operated organization oper			306135	8 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person with orderly or indirectly contribs, ether alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A Asthin person described or a supported organization? A Asthin person described in (g) or (b) above?! A 35% controlled entity of a person described in (g) or (b) above?! A 35% controlled entity of a person described in (g) or (b) above?! A 35% controlled entity of a person described in (g) or (b) above?! D dit the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at lesst a majority of the organization and interest or trustees at all times during the tax year? If No." describe in part y, how the supported organizations (above?) operated, supervised, or controlled the organizations and what conditions or restrictions, favil, supported organization of organization of organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, described by the organization of the thin the supported organization of years and the supported organization of years, and years are allocated among the supported organization of years, and years are allocated among the supported organization of years are allocated among the supported organization of years, and years are allocated among the supported organization of years are allocated organization of years are	Pa	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled entity of a person described in (a) above? c A 59% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in part yi. 1 Dot the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majorly of the organizations have the power to require yappoint or elect at least a majorly of the organizations have the power to require yappoint or elect at least a majorly of the organizations have described in the supported organization and the last year? If "No." describe in part y, how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove directions of hustees were allocated among the supported organization operated for the benefit of any appointed organization of the supported organization on personal for the benefit of any supported organization? If "Yes," explain in Part y, in over priviling such hieral cared out the purposes of the supported organization? But of power devices or frustees were allocated among the supported organizations on personal for the benefit of any supported organization? If "Yes," explain in Part y, in over priviling such benefit cared out the purposes of the supported organization? If "Yes," explain in Part y, in over priviling such benefit cared out the purposes of the supported organization? If "Yes," explain in Part y, in over organization and supporting Organizations 1 Were a majority of the organizations's directors or trustees during the tax year also a majority of the directors or trustees organization and the supported organization organization and the supported organization organization and the supported organization organization and the supported organization organizat				Yes	No
below, the governing body of a supported organization? b A Tamily member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part y. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part y, in both the supported organization of organizations, discribed organization and organization and organization and organization and organization and organization and organization and organization and organization and organization, describe how the powers to appoint and/or remove directors or trustees were ellicated among the supported organization and	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI. Section B, Type I Supporting Organizations 1 Dd the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI have been supported organizations have the powers to expense, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or emmove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Dd the enginezation operated for the benefit of any supported organization of if "Yes", explain in Part VI, how providing such hemit carried out the purposes of the supporting organization(s) that operated, supervised, or controlled the supporting organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the supporting Organization's directors or trustees of each of the supporting Organization's directors or trustees of each of the supporting Organization's directors or trustees of each of the supporting Organization's directors or trustees of each of the supporting Organization's directors or trustees of each of the supporting Organization's directors or trus	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert V. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Pert V, in with the supported organization is directors or trustees at all times during the tax year? If "No," describe in Pert V, in with the supported organization and what conditions or restrictions, if any appelled to such powers all supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization and what conditions or restrictions, if any appelled to such powers alloring the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the propers or the supported organization of the supported organization of the supported organization of the supported organizations or trustees during the tax year also a majority of the directors or trustees of each of the organizations supported organizations (3) If "No," describe in Pert V, how control or management of the supporting organization was vested in the same persons that controlled or management of the supporting organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organizations governing documents in effect on the date of notification, to the settent not previously provided? 2 Were any of the organization so officers, directors, or trustees either (i) appointed or elected by the supported organization's governing documents in effect on the date of notification, to the detect on the restrictions of the organization supported organization and solve some organization and solve and the supported organization is supported organizations. 2 P		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times duming the tax year? If "No," describe in Part y in how the supported organizations) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or memore directors or trustees were efficient and the supported organization. Advantage of the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 1 X 2 Did the organization of the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI, how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organizations are controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organizations are cently filed as of the date of notification, and (3) copies of the organizations spowering documents in effect on the date of notification, to the section (by the supported organizations) or the eligination spowering documents in effect on the date of notification, to the section of the relationship or the government of the supported organization was restricted organizationship. 2 Were any of the organization or the organization was restricted organizationship. 3 By reason of the relationship or the government of places and in direc	b	A family member of a person described in (a) above?	11b		
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22-3061358 Page 6 Schedule A (Farm 990 or 990-EZ) 2014 FOUNDATION | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (B) Current Year (A) Prior Year **Section B - Minimum Asset Amount** (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	edule A (Form 990 or 990-EZ) 2014 FOUNDATION			2-3001336 Page 7
	rt V Type III Non-Functionally Integrated 509	3(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			-
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			·
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			-
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
_	Database Control		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions carryover, if any, to 2014.			
a b				
c	· 			
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
-	line 7· \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			<u>_</u>
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
а				
b				
С				
d	Excess from 2013			
_	Evens from 2014	I I		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 FOUNDATION	22-3061358 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b, and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	-	
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SCHEDULE O . (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION

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

AMERICAN FEDERATION FOR MEDICAL RESEARCH Emplo

Employer identification number 22-3061358

FOUNDATION	22-3001336
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1,795.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	417.
FILING FEES	300.
TOTAL TO FORM 990-EZ, LINE 16	717.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	3,730.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
DUE FROM FEDERATION	245. 1,520.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOT	E AND ENCOURAGE
EDUCATION, PROGRAMS, PUBLICATIONS AND SCIENCE TRAINEES FO	R THE AFMR AND
TO AWARD GRANTS TO YOUNG INVESTIGATORS.	
	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FULL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	NDS, DIRECTLY, lule O (Form 990 or 990-EZ) (2014)
432211 08-27-14	a.c • (i oriii 550 or 550-L2) (20 14)

SCHEDULE O , (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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AMERICAN FEDERATION FOR MEDICAL RESEARCH Emplo

Employer identification number

		OUNDATION		22-3	1001330
OR	INDIRECTLY, TO	PAY PREMIUMS ON A	PERSONAL BENEF	IT CONTRACT.	
тні	E ORGANIZATION,	DID NOT, DURING T	HE YEAR, PAY AN	Y PREMIUMS, I	OIRECTLY,
		A PERSONAL BENEFI			
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