

# PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service


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


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

<b>A</b> For the 2015 calendar year, or tax year beginning		, 2015, and ending	, 20
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AERAS		<b>D</b> Employer identification number 52-2044704
	Doing business as		<b>E</b> Telephone number (301) 547-2900
Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 42,150,235.
1405 RESEARCH BLVD.		300	
City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20850			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: JACQUELINE LUCAS 1405 RESEARCH BLVD ROCKVILLE, MD 20850			
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.AERAS.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1997 <b>M</b> State of legal domicile: DC	

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEDICATED TO THE DEVELOPMENT OF EFFECTIVE TUBERCULOSIS (TB) VACCINES & BIOLOGICS TO PREVENT TB ACROSS ALL AGE GROUPS IN AN AFFORDABLE & SUSTAINABLE MANNER.			
	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	11.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	154.
	6	Total number of volunteers (estimate if necessary)	6	10.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,637,441.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,324,815.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	49,605,233.	37,195,632.
	9	Program service revenue (Part VIII, line 2g)	2,555,918.	2,257,095.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,258.	2,323,144.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-143,455.	-2,495,831.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,104,954.	39,280,040.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500,000.	0.
	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)	19,875,713.	15,916,104.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,683,490.	35,403,488.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,059,203.	51,319,592.	
19	Revenue less expenses. Subtract line 18 from line 12	-5,954,249.	-12,039,552.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	45,384,143.	32,649,234.
	21	Total liabilities (Part X, line 26)	8,493,078.	8,262,934.
22	Net assets or fund balances. Subtract line 21 from line 20	36,891,065.	24,386,300.	

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

<b>Sign Here</b>		Date 11/14/16
	Type or print name and title Daniel M. Reznikov, CFO/Treasurer	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFREY J SCHRAGG	Preparer's signature 	Date 11/14/2016	Check <input type="checkbox"/> if self-employed	PTIN P00234543
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 8401 GREENSBORO DRIVE 8TH FLOOR MCLEAN, VA 22102			Phone no. 703-893-0600	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 8,319,425. including grants of \$ 500,000. ) (Revenue \$ )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 24,374,298. including grants of \$ ) (Revenue \$ )

CLINICAL - AERAS AND ITS RESEARCH PARTNERS HAVE TRANSFORMED THE TB VACCINE CLINICAL LANDSCAPE. SIX VACCINE CANDIDATES ARE UNDERGOING TESTING IN CLINICAL TRIALS IN KENYA, SENEGAL, SOUTH AFRICA, THE UNITED KINGDOM, AND THE UNITED STATES WITH SUPPORT FROM AERAS FOR PROTOCOL DEVELOPMENT, SAFETY MONITORING, REGULATORY AND IMMUNOLOGY. WE ALSO DESIGN AND CONDUCT EPIDEMIOLOGY STUDIES TO ESTIMATE TB PREVALENCE AND/OR INCIDENCE UNDER REAL-WORLD TRIAL CONDITIONS TO INFORM ONGOING STUDIES AND TO ASSESS THE FEASIBILITY OF CONDUCTING LARGE-SCALE CLINICAL TRIALS IN TB AT ADDITIONAL RESEARCH SITES IN TB ENDEMIC COUNTRIES, INCLUDING CHINA.

**4c** (Code: ) (Expenses \$ 9,534,933. including grants of \$ ) (Revenue \$ 2,257,095. )

TECH OPERATIONS - VACCINE MANUFACTURING FACILITY LOCATED AT AERAS HEADQUARTERS DESIGNED TO MANUFACTURE INTERNALLY DEVELOPED VACCINE CANDIDATES BASED ON A RANGE OF TECHNOLOGY PLATFORMS CAPABILITIES IN BACTERIAL, VIRAL AND PROTEIN VACCINES. AERAS HAS CGMP-COMPLIANT, END-TO-END EQUIPMENT AND OPERATING CAPABILITIES THAT MEET BOTH US FDA AND EUROPEAN EMEA STANDARDS. PROCESS DEVELOPMENT AND MANUFACTURING CAPABILITIES SUPPORT TRANSLATION FROM RESEARCH TO CLINICAL DEVELOPMENT, INCLUDING MANUFACTURING OF CLINICAL TRIAL MATERIALS FOR AERAS-SPONSORED TRIALS. THE FACILITY IS ALSO USED IN COLLABORATION WITH EXTERNAL VACCINE PARTNERS AND CONTRACT PRODUCT DEVELOPMENT SERVICES CLIENTS.

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

(Expenses \$ 3,778,043. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 46,006,699.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8, 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, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
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, address, and telephone number of the person who possesses the organization's books and records: Donna D'Amato 1405 Research Blvd Ste 300 Rockville, MD 20850 301-547-2923

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOTA ZOTH CHAIRMAN	1.00 0.	X						0.	0.	0.
(2) BARRY BLOOM DIRECTOR	1.00 0.	X						0.	0.	0.
(3) DAVID BLUMBERG DIRECTOR AS OF JULY 2015	1.00 0.	X						0.	0.	0.
(4) JAMES CONNOLLY DIRECTOR	1.00 0.	X						0.	0.	0.
(5) MARJA ESVELD DIRECTOR	1.00 0.	X						0.	0.	0.
(6) PETER HUTT DIRECTOR THRU JANUARY 2015	1.00 0.	X						0.	0.	0.
(7) MARIAN JACOBS DIRECTOR	1.00 0.	X						0.	0.	0.
(8) MICHEL KAZATCHKINE DIRECTOR	1.00 0.	X						0.	0.	0.
(9) WAYNE PISANO DIRECTOR	1.00 0.	X						0.	0.	0.
(10) REGINA RABINOVICH DIRECTOR	1.00 0.	X						0.	0.	0.
(11) GERD ZETTLMEISSL DIRECTOR	1.00 0.	X						0.	0.	0.
(12) THOMAS EVANS PRESIDENT & CEO/CSO	40.00 0.	X		X				483,023.	0.	35,429.
(13) JACQUELINE SHEA LUCAS COO THEN CEO	40.00 0.	X		X				466,317.	0.	36,043.
(14) ANN GINSBERG CMO	40.00 0.			X				397,128.	0.	21,378.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) WENDY PENRY CHRO	40.00 0.			X				247,236.	0.	17,992.
( 16) DANIEL REZNIKOV CFO	40.00 0.			X				300,728.	0.	19,599.
( 17) KEVIN SLY VP BD THRU AUGUST 2015	40.00 0.					X		527,599.	0.	28,089.
( 18) LEWIS SCHRAGER VP SCIENTIFIC AFFAIRS	40.00 0.					X		258,872.	0.	19,377.
( 19) KENNETH WALKER VP VACCINE DISCOVERY	40.00 0.					X		244,054.	0.	30,707.
( 20) RITA KHANNA GENERAL COUNSEL	40.00 0.					X		241,371.	0.	17,992.
( 21) ROBIN GOLDSTEIN SR DIR PM	40.00 0.					X		262,264.	0.	20,408.
<b>1b Sub-total</b>								1,346,468.	0.	92,850.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,082,124.	0.	154,164.
<b>d Total (add lines 1b and 1c)</b>								3,428,592.	0.	247,014.

**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 **▶** 39

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 45



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,477,330.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	34,718,302.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			37,195,632.				
<b>Program Service Revenue</b>	<b>2a</b> VACCINE MANUFACTURING	<b>Business Code</b>	541900	1,640,115.	2,674.	1,637,441.		
	<b>b</b> CONTRACT RESOURCE SHARING		541900	616,980.	616,980.			
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			2,257,095.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			104,329.			104,329.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		1,226,385.						
		<b>b</b> Less: rental expenses . . . . .						
		2,870,195.						
	<b>c</b> Rental income or (loss) . . . . .							
	-1,643,810.							
	<b>d</b> Net rental income or (loss) . . . . . ▶				-1,643,810.		-1,643,810.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			2,218,815.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
			2,218,815.					
	<b>c</b> Gain or (loss) . . . . .							
<b>d</b> Net gain or (loss) . . . . . ▶				2,218,815.		2,218,815.		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>								
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶				0.			
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> FOREIGN CURRENCY LOSS			900099	-852,021.			-852,021.	
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				-852,021.				
<b>12 Total revenue.</b> See instructions. . . . . ▶				39,280,040.	619,654.	1,637,441.	-172,687.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	500,000.	500,000.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,024,872.	1,439,317.	585,555.	
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 . . . . .	11,381,230.	9,872,277.	1,508,953.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	559,160.	489,273.	69,887.	
9 Other employee benefits . . . . .	1,178,106.	996,204.	181,902.	
10 Payroll taxes . . . . .	772,736.	653,009.	119,727.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	789,223.	488,641.	300,582.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	2,978,880.	2,722,934.	255,946.	
17 Travel . . . . .	928,418.	750,152.	178,266.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	306,375.	264,948.	41,427.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	593,761.	361,591.	232,170.	
23 Insurance . . . . .	246,595.	91,784.	154,811.	
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 <u>CONTRACT SERVICES</u> . . . . .	24,049,145.	22,987,656.	1,061,489.	
b <u>COLLABORATION AGREEMENTS</u> . . . . .	1,908,763.	1,908,763.		
c <u>LAB SUPPLIES AND MATERIALS</u> . . . . .	2,402,354.	2,357,193.	45,161.	
d <u>TALENT MGMT AND RECRUITMENT</u> . . . . .	351,627.	122,957.	228,670.	
e All other expenses . . . . .	348,347.		348,347.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	51,319,592.	46,006,699.	5,312,893.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	300.	<b>1</b>	500.
	<b>2</b> Savings and temporary cash investments . . . . .	22,674,221.	<b>2</b>	14,146,490.
	<b>3</b> Pledges and grants receivable, net . . . . .	2,611,227.	<b>3</b>	319,889.
	<b>4</b> Accounts receivable, net . . . . .	66,333.	<b>4</b>	43,884.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	396,807.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,950,848.	<b>9</b>	2,946,881.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 27,370,826.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 24,151,398.	5,791,967.	<b>10c</b> 3,219,428.
	<b>11</b> Investments - publicly traded securities . . . . .	11,232,236.	<b>11</b>	11,214,126.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	660,204.	<b>15</b>	758,036.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	45,384,143.	<b>16</b>	32,649,234.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,916,239.	<b>17</b>	6,550,183.
	<b>18</b> Grants payable . . . . .	300,000.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	760,409.	<b>19</b>	189,859.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,516,430.	<b>25</b>	1,522,892.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	8,493,078.	<b>26</b>	8,262,934.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,117,193.	<b>27</b>	3,904,939.
	<b>28</b> Temporarily restricted net assets . . . . .	31,773,872.	<b>28</b>	20,481,361.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	36,891,065.	<b>33</b>	24,386,300.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	45,384,143.	<b>34</b>	32,649,234.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	39,280,040.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	51,319,592.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,039,552.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	36,891,065.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-74,415.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-390,798.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	24,386,300.

**Part XII Financial Statements and Reporting**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization AERAS	Employer identification number 52-2044704
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**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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: ATTACHMENT 1
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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

ATTACHMENT 1

SCHEDULE A, PART I - HOSPITAL'S NAME, CITY AND STATE

JOHN HOPKINS  
BALTIMORE MD

ST. LOUIS  
ST. LOUIS MO

OREGON HEALTH  
PORTLAND OR

NEW YORK UNIVERSITY  
NEW YORK NY

ALBERT EINSTEIN COLLEGE OF MEDICINE  
NEW YORK NY

UNIVERSITY OF ROCHESTER  
ROCHESTER NY

MASSACHUSETTS GENERAL HOSPITAL  
CONCORD MA

UNIVERSITY OF PITTSBURGH  
PITTSBURGH PA

VACCINE RESEARCH CENTER AT NIH  
BETHESDA MD

UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE  
WORCESTER MA

FRED HUTCHINSON CANCER RESEARCH CENTER  
SEATTLE WA

# Schedule of Contributors

**2015**

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

Name of the organization

AERAS

Employer identification number

52-2044704

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(<sup>3</sup>) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

<b>Name of organization</b> AERAS	<b>Employer identification number</b> 52-2044704
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**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	_____	\$ 29,065,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 2,477,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 1,464,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AERAS**

Employer identification number

52-2044704

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

Name of organization **AERAS**

Employer identification number  
52-2044704

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

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

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

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

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

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

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

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

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

AERAS

52-2044704

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2015

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
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 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, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 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 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	1,417,574.	
(3) DEFERRED 457 PLAN	105,318.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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



**Part XIII** Supplemental Information (continued)

## FIN 48 FOOTNOTE

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ISSUED BY THE FASB, AERAS WOULD RECOGNIZE A TAX LIABILITY WHEN, DESPITE MANAGEMENT'S BELIEF THAT TAX RETURN POSITIONS ARE SUPPORTABLE, MANAGEMENT BELIEVES THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS WOULD BE MEASURED BASED UPON THE LARGEST LIABILITY THAT IS GREATER THAN 50% LIKELY TO BE INCURRED ON ANY SETTLEMENT WITH TAXING AUTHORITIES. TO THE EXTENT THAT THE FINAL TAX OUTCOME OF THESE MATTERS WOULD DIFFER FROM THE LIABILITIES RECORDED, SUCH DIFFERENCES WOULD BE INCLUDED IN INCOME TAX EXPENSE IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE. INTEREST AND PENALTIES, IF ANY, RELATED TO ACCRUED LIABILITIES FOR POTENTIAL TAX ASSESSMENTS ALSO WOULD BE INCLUDED IN INCOME TAX EXPENSE. MANAGEMENT HAS EVALUATED AERAS' TAX POSITIONS AND HAS CONCLUDED THAT AERAS HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. AERAS IS CURRENTLY UNDER NO INCOME TAX EXAMINATIONS IN ANY FEDERAL, OR STATE OR LOCAL JURISDICTIONS. AERAS IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2011 AND PRIOR.

## PART XI, LINE 2

INCOME OF AFFILIATES	\$	3,286,280
ELIMINATIONS	\$	(3,499,169)
		-----
TOTAL	\$	(212,889)

**Part XIII** Supplemental Information (continued)

## PART XI, LINE 4B

INCOME FROM DISCONTINUED OPERATIONS	\$	4,158,930
RECLASS RENTAL INCOME	\$	1,226,385
RECLASS RENTAL EXPENSES	\$	(2,870,195)
-----		
TOTAL	\$	2,515,120

## PART XII, LINE 2D

EXPENSES OF AFFILIATES	\$	3,095,437
RECLASSIFIED RENTAL INCOME	\$	(1,226,385)
RECLASSIFIED RENTAL EXPENSE	\$	2,870,195
ELIMINATIONS	\$	(3,499,169)
RESTRICTION CLASSIFICATION NET ASSETS ADJUSTMENT	\$	390,798
-----		
TOTAL	\$	1,630,876

## PART XII, LINE 4B

LOSS FROM DISCONTINUED OPERATIONS	\$	8,212,445
-----		
TOTAL	\$	8,212,445

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AERAS

Employer identification number

52-2044704

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
<b>(1)</b> EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	PRECLINICAL	408,372.
<b>(2)</b> SUB-SAHARAN AFRICA	1.	17.	PROGRAM SERVICES	CLINICAL	2,519,374.
<b>(3)</b> EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PRECLINICAL	263,478.
<b>(4)</b> EUROPE			PROGRAM SERVICES	PRECLINICAL	1,449,182.
<b>(5)</b> SUB-SAHARAN AFRICA			PROGRAM SERVICES	CLINICAL	13,841,268.
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	2.	19.			18,481,674.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	2.	19.			18,481,674.

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ ICELAND/ GREENLAND	SEE PART V	500,000.	EFT			CASH
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 1.

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" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**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).

---

FORM 990, SCHEDULE F, PART I, LINE 2

AERAS RECEIVES A REQUEST FOR SUPPORT. SENIOR MANAGEMENT REVIEWS THE REQUEST THROUGH THE DUE DILIGENCE CRITERIA APPROVED BY THE BOARD AND IMPLEMENTED BY MANAGEMENT. FOR EXAMPLE, THE GRANTEE MUST BE A CHARITY EITHER UNDER US LAW OR UNDER LOCAL LAW. AERAS MAY REQUEST GOVERNANCE DOCUMENTS FROM THE ORGANIZATION, IRS DETERMINATION LETTER (OR LOCAL EQUIVALENT) INDICATING IT IS A CHARITY, LISTS OF EXECUTIVE STAFF AND BOARD MEMBERS, AND FINANCIAL STATEMENTS OF THE REQUESTOR. UPON MANAGEMENT APPROVAL, FUNDS ARE SENT TO THE REQUESTING ORGANIZATION. COPIES OF THE REQUEST AND PAYMENT ARE MAINTAINED AT AERAS.

FORM 990, SCHEDULE F, PART II, COLUMN (D)

THE PURPOSE OF THE GRANT IS TO PROVIDE SUPPORT TO CLINICAL AND PRECLINICAL PROJECTS SUCH AS MTBVAC, HBHA VPM, UOX AND CHAD.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AERAS

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

52-2044704

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	THOMAS EVANS							
1	PRESIDENT & CEO/CSO	(i) 420,623.	(ii) 62,400.	(iii) 0.	15,052.	20,377.	518,452.	
	ANN GINSBERG	(i) 381,128.	(ii) 16,000.	(iii) 0.	15,900.	5,478.	418,506.	
2	CMO	(i) 412,903.	(ii) 53,414.	(iii) 0.	15,900.	20,143.	502,360.	
3	COO THEN CEO	(i) 237,736.	(ii) 9,500.	(iii) 0.	13,109.	4,883.	265,228.	
4	CHRO	(i) 283,766.	(ii) 16,962.	(iii) 0.	15,300.	4,299.	320,327.	
5	CFO	(i) 381,731.	(ii) 15,000.	(iii) 130,868.	11,400.	16,689.	555,688.	
6	VP BD THRU AUGUST 2015	(i) 254,872.	(ii) 4,000.	(iii) 0.	14,173.	5,204.	278,249.	
7	VP SCIENTIFIC AFFAIRS	(i) 239,454.	(ii) 4,600.	(iii) 0.	13,657.	17,050.	274,761.	
8	VP VACCINE DISCOVERY	(i) 236,571.	(ii) 4,800.	(iii) 0.	13,014.	4,978.	259,363.	
9	GENERAL COUNSEL	(i) 260,514.	(ii) 1,750.	(iii) 0.	14,892.	5,516.	282,672.	
10	SR DIR PM	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	
11								
12								
13								
14								
15								
16								

**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.

SCHEDULE J, PART I, LINE 4A - SEVERANCE

KEVIN SLY - \$130,868

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AERAS

**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

**2015**

**Open to Public  
Inspection**

Employer identification number

52-2044704

FORM 990, PART III, LINE 3

IN JUNE OF 2015, THE ORGANIZATION COMPLETED THE TRANSFER OF THE OPERATIONS OF ITS CONTRACT MANUFACTURING, PROCESS DEVELOPMENT AND ASSAY DEVELOPMENT SERVICE LINES.

FORM 990, PART III, LINE 4D

AERAS ALSO WORKS TO BUILD RELATIONSHIPS THAT SUPPORT ITS GOAL TO DEVELOP TB VACCINES THROUGH COLLABORATION AT THE GLOBAL AND REGIONAL LEVELS WITH MULTI-LATERAL ORGANIZATIONS SUCH AS THE EUROPEAN UNION, THE EUROPEAN INVESTMENT BANK, AND THE WORLD HEALTH ORGANIZATION, AMONG OTHER TB RESEARCHERS AND VACCINE DEVELOPERS, AS WELL AS WITH DONORS, ADVOCATES AND POLICYMAKERS WHO CAN HELP RAISE AWARENESS AND SUPPORT FOR THIS WORK. AERAS' SCIENTIFIC AND EXTERNAL AFFAIRS DEPARTMENTS ARE CRITICAL TO ADVANCING THESE STRATEGIC PARTNERSHIPS TO ENSURE GLOBAL SUPPORT.

FORM 990, PART VI, LINE 11B

A DRAFT VERSION OF THE FORM 990 IS SHARED WITH THE BOARD OF DIRECTORS OF AERAS AND ONCE APPROVED IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

AERAS' POLICY IS WRITTEN TO PROTECT AERAS' INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF DIRECTORS, COMMITTEE MEMBERS, OFFICERS, EMPLOYEES AND RETAINED CONSULTANTS OF AERAS. IN CONNECTION WITH ANY

Name of the organization AERAS	Employer identification number 52-2044704
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ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEE WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF ALL MATERIAL FACTS AND DISCUSSION WITH THE PERSON, THE PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THEIR DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 15

AERAS HAS A COMPENSATION COMMITTEE WHICH DETERMINES THE CEO COMPENSATION LEVEL BASED ON HIS RESPONSIBILITIES, SIZE OF THE ORGANIZATION, FUNDING LEVELS AND ORGANIZATION OBJECTIVES. COMPENSATION IS BASED ON COMPARABILITY DATA, IS APPROVED BY INDEPENDENT BOARD MEMBERS, AND THE PROCESS IS DOCUMENTED IN THE BOARD MINUTES. COMPENSATION FOR OTHER OFFICERS IS DETERMINED BY THE CEO, BASED ON THE OFFICER'S RESPONSIBILITIES, FUNDING LEVELS AND ORGANIZATION OBJECTIVES. COMPENSATION IS BASED ON COMPARABILITY DATA AND IS SHARED WITH INDEPENDENT BOARD MEMBERS.

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, INCLUDING ARTICLES OF INCORPORATION, BYLAWS, BOARD MINUTES, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.



Name of the organization AERAS	Employer identification number 52-2044704
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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

(390,798) - RESTRICTION CLASSIFICATION ADJUSTMENT TO NET ASSETS

ATTACHMENT 1

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

AERAS IS A NON-PROFIT PRODUCT DEVELOPMENT ORGANIZATION DEDICATED TO THE DEVELOPMENT OF EFFECTIVE TUBERCULOSIS (TB) VACCINES AND BIOLOGICS TO PREVENT TB ACROSS ALL AGE GROUPS IN AN AFFORDABLE AND SUSTAINABLE MANNER. AERAS UTILIZES ITS BROAD CAPABILITIES AND TECHNOLOGIES IN COLLABORATION WITH NUMEROUS PARTNERS AND STAKEHOLDERS TO SUPPORT THE DEVELOPMENT OF VACCINES AND OTHER BIOPHARMACEUTICALS TO ADDRESS TB AND OTHER SIGNIFICANT PUBLIC HEALTH NEEDS OF UNDERSERVED POPULATIONS. IN THE PURSUIT OF OUR MISSION, WE ARE GUIDED BY OUR CORE VALUES. THESE CORE VALUES EXPRESS OUR ASPIRATIONS AND THE BEHAVIORS WE WANT TO EXHIBIT AND MODEL. THEY SHAPE THE CULTURE AND CHARACTER OF AERAS AND INFORM ALL OF OUR DECISIONS AND ACTIONS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PRECLINICAL - AERAS DEVELOPS AND ASSESSES A RANGE OF VACCINE PLATFORMS AND VARIATIONS, AND EXPLORES NOVEL APPROACHES TO ENHANCE THE EFFECTIVENESS OF NEW TB VACCINES IN EFFECTIVE PRIME-BOOST REGIMENS. AERAS EVALUATES TB VACCINE CANDIDATES TO DETERMINE WHETHER THEY HAVE THE CHARACTERISTICS NEEDED TO MOVE FORWARD TO THE NEXT PHASE OF DEVELOPMENT. KEY ELEMENTS INCLUDE EVALUATION OF

Name of the organization AERAS	Employer identification number 52-2044704
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ATTACHMENT 2 (CONT'D)

SAFETY, IMMUNOGENICITY AND THE PROTECTION THE CANDIDATES PROVIDE IN ANIMAL MODELS. AN INDEPENDENT PANEL OF VACCINE EXPERTS EVALUATES ALL RELEVANT PRECLINICAL DATA BEFORE A CANDIDATE IS APPROVED FOR ENTRY INTO PHASE I TRIALS. AERAS ALSO SUPPORTS THE ASSESSMENT OF NOVEL ASSAYS THAT COULD BE IMPLEMENTED AT THE CLINICAL STAGE OF DEVELOPMENT TO DRASTICALLY REDUCE THE TIME AND COST OF DEVELOPING NEW VACCINES AGAINST TUBERCULOSIS.

ATTACHMENT 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

SOUTH AFRICA

HONG KONG

CHINA

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>
ALEXANDRIA REAL ESTATE 385 E. COLORADO BLVD. SUITE 299 PASADENA, CA 91101	LANDLORD	3,706,068.
QUINTILES LTD PROFESSIONAL SERVICES CENTRE LIVINGSTON UNITED KINGDOM EH54 6GA	CLINICAL	3,443,208.
THE UNIVERSITY OF CAPE TOWN WERNER BEIT SOUTH BUILDING CAPE TOWN SOUTH AFRICA EH54 6GA	CLINICAL	3,446,629.
TASK APPLIED SCIENCE 1 SMALL STREET	RESEARCH	1,637,876.

Name of the organization AERAS	Employer identification number 52-2044704
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BELLVILLE WESTERN CAPE SOUTH AFRICA 7530		
BARC SA PTY LTD 11 NAPIER ROAD JOHANNESBURG GAUTENG SOUTH AFRICA 2001	RESEARCH	1,623,016.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AERAS

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

**2015**

**Open to Public  
Inspection**

Employer identification number

52-2044704

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	AERAS SOUTH AFRICA BLACKRIVER PARK, 1ST FLR CAPE TOWN, OBSERVATORY SF	CLINICAL TR	SF	N/A	N/A	N/A	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) AERAS HONG KONG UNIT 1618, 16/F MIRAMAR TOWER KOWLOON, HK	HOLDING COMPA	HK	AERAS	C CORP	-20,965.	413,575.	100.0000	X
(2) AERAS BEIJING BIOLOGICAL TECH CO., LTD. UNIT 1446. 14F, A TOWER, PACIFIC BEIJING, CH	CONSULTING	CH	AERAS HONG KONG	C CORP	53,063.	200,797.	100.0000	X
(3)								
(4)								
(5)								
(6)								
(7)								

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses. . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	AERAS SOUTH AFRICA	N	3,066,879.	CASH		X
(2)	AERAS BEIJING BIOLOGICAL TECH CO., LTD.	N	432,290.	CASH		X
(3)						X
(4)						X
(5)						X
(6)						X

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Form **5471**

(Rev. December 2015)

Department of the Treasury  
Internal Revenue Service

# Information Return of U.S. Persons With Respect To Certain Foreign Corporations

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2015, and ending 12/31/2015

OMB No. 1545-0704

Attachment Sequence No. **121**

Name of person filing this return <b>AERAS</b>	<b>A Identifying number</b> 52-2044704
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 1405 RESEARCH BLVD.	<b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code ROCKVILLE MD 20850	<b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> 100.0000 %
Filer's tax year beginning 01/01/2015, and ending 12/31/2015	
<b>D Check if any excepted specified foreign financial assets are reported on this form</b> (see instructions) <input type="checkbox"/>	
<b>E Person(s) on whose behalf this information return is filed:</b>	

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> AERAS GLOBAL TB VACCINE FOUNDATION SOUTH AFRICA BLACKRIVER PARK, 1ST FLR, OLD WAREHOUSE BLDG OBSERVATORY, CAPE TOWN 7925 SF				<b>b(1) Employer identification number, if any FOREIGN</b>
				<b>b(2) Reference ID number (see instructions)</b> AREASSA1
				<b>c Country under whose laws incorporated</b> SOUTH AFRICA
<b>d Date of incorporation</b> 04/10/2008	<b>e Principal place of business</b> SF	<b>f Principal business activity code number</b> 541900	<b>g Principal business activity</b> VACCINE DEVELOPMENT	<b>h Functional currency</b> RAND

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b>  N/A	<b>b If a U.S. income tax return was filed, enter:</b>	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  C/O AXIOM, ANDREW GALLOWAY POSTNET SUITE #34 PRIVATE BAG X18 7701 RONDEBOSCH SF	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  DONNA D'AMATO 1405 RESEARCH BLVD, SUITE 300 ROCKVILLE, MD 20850	

### Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	1.	1.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued** (see instructions)

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	302,580.	377,139.
2a	Trade notes and accounts receivable	60,214.	26,848.
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement) ATTACHMENT 2	27,123.	34,512.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets	294,101.	259,268.
b	Less accumulated depreciation	( 128,857. )	( 132,083. )
9a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement)		
13	Total assets	555,161.	565,684.
<b>Liabilities and Shareholders' Equity</b>			
14	Accounts payable		-240.
15	Other current liabilities (attach statement) ATTACHMENT 3	286,965.	143,071.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) ATTACHMENT 4	8,058.	3,970.
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	260,138.	418,883.
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	555,161.	565,684.

**Schedule G Other Information**

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
|   | <b>Yes</b>               | <b>No</b>                           |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement.  |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).  |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).  |                          |                                     |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? . . . . .      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits** (see instructions)

**Important:** Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account . . . . .	<b>1</b>	2,025,460.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	<b>Net Additions</b>	
	<b>Net Subtractions</b>	
a Capital gains or losses . . . . .		
b Depreciation and amortization . . . . .		
c Depletion . . . . .		
d Investment or incentive allowance . . . . .		
e Charges to statutory reserves . . . . .		
f Inventory adjustments . . . . .		
g Taxes . . . . .		
h Other (attach statement) . . . . .		
3 Total net additions . . . . .		
4 Total net subtractions . . . . .		
5a Current earnings and profits (line 1 plus line 3 minus line 4) . . . . .	<b>5a</b>	2,025,460.
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) . . . . .	<b>5b</b>	
c Combine lines 5a and 5b . . . . .	<b>5c</b>	2,025,460.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) . . . . .	<b>5d</b>	158,745.
Enter exchange rate used for line 5d ▶ 12.7592		

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ AERAS	Identifying number ▶ 52-2044704	
1 Subpart F income (line 38b, Worksheet A in the instructions), . . . . .	<b>1</b>	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions), . . . . .	<b>2</b>	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) . . . . .	<b>3</b>	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) . . . . .	<b>4</b>	
5 Factoring income . . . . .	<b>5</b>	
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions . . . . .	<b>6</b>	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) . . . . .	<b>7</b>	
8 Exchange gain or (loss) on a distribution of previously taxed income . . . . .	<b>8</b>	

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| ● Was any income of the foreign corporation blocked? . . . . .                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ● Did any such income become unblocked during the tax year (see section 964(b))? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

52-2044704

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number		EIN (if any) FOREIGN	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	Important: Enter amounts in functional currency.	(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
	52-2044704	Reference ID number (see instructions) AREASSA1						
AERAS Name of foreign corporation AERAS GLOBAL TB VACCINE FOUNDATION SOUTH AFRICA								
<b>1</b> Balance at beginning of year						2,423,882.		2,423,882.
<b>2a</b> Current year E&P						2,025,460.		
<b>b</b> Current year deficit in E&P								
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)						4,449,342.		
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year								
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P								
<b>b</b> Actual distributions of nonpreviously taxed E&P								
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)								
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)						4,449,342.		
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)						4,449,342.		4,449,342.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**Transactions Between Controlled Foreign Corporation  
 and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
 ▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

AERAS

52-2044704

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

AERAS GLOBAL TB VACCINE FOUNDATION SOUTH AFRICA

FOREIGN

AREASSA1

**Important:** Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

RAND

12.7592

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade . . . . .					
3 Sales of property rights (patents, trademarks, etc.) . . . . .					
4 Platform contribution transaction payments received . . . . .					
5 Cost sharing transaction payments received . . . . .					
6 Compensation received for technical, managerial, engineering, construction, or like services . . . . .					
7 Commissions received . . . . .					
8 Rents, royalties, and license fees received . . . . .					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income). . . . .					
10 Interest received. . . . .					
11 Premiums received for insurance or reinsurance. . . . .					
12 Add lines 1 through 11 . . . . .					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade. . . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . . . .					
16 Platform contribution transaction payments paid . . . . .					
17 Cost sharing transaction payments paid . . . . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .					
19 Commissions paid . . . . .					
20 Rents, royalties, and license fees paid . . . . .					
21 Dividends paid . . . . .					
22 Interest paid . . . . .					
23 Premiums paid for insurance or reinsurance . . . . .					
24 Add lines 13 through 23. . . . .					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . . . .					

FORM 5471, PAGE 2 DETAIL

		<u>ATTACHMENT 1</u>	
<u>SCH C, LINE 16 - OTHER DEDUCTIONS</u>			
PROGRAM SERVICES	28,601,648.		2,241,649.
MANAGEMENT AND GENERAL EXPENSES	5,813,270.		455,614.
FOREIGN CURRENCY GAIN/LOSS	2,690,545.		210,871.
TOTAL	<u>37,105,463.</u>		<u>2,908,134.</u>

FORM 5471, PAGE 3 DETAIL

<u>BEGINNING</u>	<u>ENDING</u>
<u>US CURRENCY</u>	<u>US CURRENCY</u>

ATTACHMENT 2

SCH F, LINE 4 - OTHER CURRENT ASSETS

PREPAID EXPENSES	27,123.	34,512.
TOTALS	<u>27,123.</u>	<u>34,512.</u>

ATTACHMENT 3

SCH F, LINE 15 - OTHER CURRENT LIABILITIES

ACCRUED EXPENSES	149,454.	28,928.
ACCRUED SALARIES & RELATED EXPENSE	137,511.	114,143.
TOTALS	<u>286,965.</u>	<u>143,071.</u>

ATTACHMENT 4

SCH F, LINE 17 - OTHER LIABILITIES

DEFERRED RENT	8,058.	3,970.
TOTALS	<u>8,058.</u>	<u>3,970.</u>



Form **5471**

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2015)

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2015, and ending 12/31/2015

Attachment  
Sequence No. **121**

Name of person filing this return AERAS	<b>A Identifying number</b> 52-2044704
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 1405 RESEARCH BLVD.	<b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code ROCKVILLE MD 20850	<b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> 100.0000 %
Filer's tax year beginning 01/01/2015, and ending 12/31/2015	
<b>D Check if any excepted specified foreign financial assets are reported on this form (see instructions).</b> <input type="checkbox"/>	
<b>E Person(s) on whose behalf this information return is filed:</b>	

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> AERAS HONG KONG LIMITED UNIT 1618, 16/F MIRAMAR TOWER, 132 NATHAN RD TST , KOWLOON HK				<b>b(1) Employer identification number, if any</b> FOREIGN
<b>d Date of incorporation</b> 09/28/2012				<b>b(2) Reference ID number (see instructions)</b> AERASHK
<b>e Principal place of business</b> HK		<b>f Principal business activity code number</b> 551112		<b>c Country under whose laws incorporated</b> HONG KONG
<b>g Principal business activity</b> HOLDING COMPANY			<b>h Functional currency</b> HONG KONG DOLLAR	

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b>	<b>b If a U.S. income tax return was filed, enter:</b>	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  DEZAN SHIRA & ASSOCIATES LIMITED UNIT 1618, 16/F, MIRAMAR TOWER 132 NATHAD ROAD, TSIM SHA TSUI, KL HK	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  DONNA D'AMATO 1405 RESEARCH BLVD, STE 300 ROCKVILLE, MD 20850	

**Schedule A Stock of the Foreign Corporation**

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100.	100.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued** (see instructions)

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	104,251.	104,155.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement)		
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement) ATTACHMENT 7	327,686.	309,420.
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	( )	( )
9a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement)		
13	Total assets	431,937.	413,575.
<b>Liabilities and Shareholders' Equity</b>			
14	Accounts payable		
15	Other current liabilities (attach statement) ATTACHMENT 8		2,193.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) ATTACHMENT 9	105,120.	105,218.
18	Capital stock:		
a	Preferred stock		
b	Common stock	100.	100.
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	326,717.	306,064.
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	431,937.	413,575.

**Schedule G Other Information**

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
|   | <b>Yes</b>               | <b>No</b>                           |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement.  |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).  |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).  |                          |                                     |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? . . . . .      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits** (see instructions)

**Important:** Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account . . . . .	<b>1</b>	-162,523.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	<b>Net Additions</b>	<b>Net Subtractions</b>
a Capital gains or losses . . . . .		
b Depreciation and amortization . . . . .		
c Depletion . . . . .		
d Investment or incentive allowance . . . . .		
e Charges to statutory reserves . . . . .		
f Inventory adjustments . . . . .		
g Taxes . . . . .		
h Other (attach statement) . . . . .		
3 Total net additions . . . . .		
4 Total net subtractions . . . . .		
5a Current earnings and profits (line 1 plus line 3 minus line 4) . . . . .	<b>5a</b>	-162,523.
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) . . . . .	<b>5b</b>	
c Combine lines 5a and 5b . . . . .	<b>5c</b>	-162,523.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) . . . . .	<b>5d</b>	-20,965.
Enter exchange rate used for line 5d ▶ 7.7521		

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ AERAS	Identifying number ▶ 52-2044704	
1 Subpart F income (line 38b, Worksheet A in the instructions), . . . . .	<b>1</b>	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions), . . . . .	<b>2</b>	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	<b>3</b>	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) . . . . .	<b>4</b>	
5 Factoring income . . . . .	<b>5</b>	
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions . . . . .	<b>6</b>	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) . . . . .	<b>7</b>	
8 Exchange gain or (loss) on a distribution of previously taxed income . . . . .	<b>8</b>	

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| ● Was any income of the foreign corporation blocked? . . . . .                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ● Did any such income become unblocked during the tax year (see section 964(b))? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

52-2044704

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Identifying number		
AERAS		52-2044704		
Name of foreign corporation		Reference ID number (see instructions)		
AERAS HONG KONG LIMITED		AERASHK		
Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)		(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
		(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(i) Earnings Invested in U.S. Property	
<b>1</b> Balance at beginning of year	-64,840.			-64,840.
<b>2a</b> Current year E&P				
<b>b</b> Current year deficit in E&P	162,523.			
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-227,363.			
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year				
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P				
<b>b</b> Actual distributions of nonpreviously taxed E&P				
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)				
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-227,363.			
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-227,363.			-227,363.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**Transactions Between Controlled Foreign Corporation  
 and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
 ▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

AERAS

52-2044704

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

AERAS HONG KONG LIMITED

FOREIGN

AERASHK

**Important:** Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

HONG KONG DOLLAR

7.7521

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade . . . . .					
3 Sales of property rights (patents, trademarks, etc.) . . . . .					
4 Platform contribution transaction payments received . . . . .					
5 Cost sharing transaction payments received . . . . .					
6 Compensation received for technical, managerial, engineering, construction, or like services . . . . .					
7 Commissions received . . . . .					
8 Rents, royalties, and license fees received . . . . .					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income). . . . .					
10 Interest received. . . . .					
11 Premiums received for insurance or reinsurance. . . . .					
12 Add lines 1 through 11 . . . . .					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade. . . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . . . .					
16 Platform contribution transaction payments paid . . . . .					
17 Cost sharing transaction payments paid . . . . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .					
19 Commissions paid . . . . .					
20 Rents, royalties, and license fees paid . . . . .					
21 Dividends paid . . . . .					
22 Interest paid . . . . .					
23 Premiums paid for insurance or reinsurance . . . . .					
24 Add lines 13 through 23. . . . .					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . . . .					

FORM 5471, PAGE 2 DETAIL

	<u>ATTACHMENT 5</u>	
<u>SCH C, LINE 8 - OTHER INCOME</u>		
INVESTMENT INCOME	-225,850.	-29,134.
TOTAL	<u>-225,850.</u>	<u>-29,134.</u>
	<u>ATTACHMENT 6</u>	
<u>SCH C, LINE 16 - OTHER DEDUCTIONS</u>		
MANAGEMENT & GENERAL	403.	52.
FOREIGN CURRENCY GAIN/LOSS	-63,730.	-8,221.
TOTAL	<u>-63,327.</u>	<u>-8,169.</u>

FORM 5471, PAGE 3 DETAIL

	<u>BEGINNING</u> <u>US CURRENCY</u>	<u>ENDING</u> <u>US CURRENCY</u>
		<u>ATTACHMENT 7</u>
<u>SCH F, LINE 6 - INVESTMENT IN SUBSIDIARIES</u>		
INVESTMENT IN AERAS BEIJING	327,686.	309,420.
TOTALS	<u>327,686.</u>	<u>309,420.</u>
		<u>ATTACHMENT 8</u>
<u>SCH F, LINE 15 - OTHER CURRENT LIABILITIES</u>		
ACCRUED EXPENSES		2,193.
TOTALS		<u>2,193.</u>
		<u>ATTACHMENT 9</u>
<u>SCH F, LINE 17 - OTHER LIABILITIES</u>		
DUE TO RELATED PARTY	105,120.	105,218.
TOTALS	<u>105,120.</u>	<u>105,218.</u>



**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

(Rev. December 2015)

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2015, and ending 12/31/2015

Attachment  
Sequence No. **121**

Name of person filing this return AERAS	<b>A Identifying number</b> 52-2044704
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 1405 RESEARCH BLVD.	<b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code ROCKVILLE MD 20850	<b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> _____ %
Filer's tax year beginning 01/01/2015, and ending 12/31/2015	
<b>D Check if any excepted specified foreign financial assets are reported on this form (see instructions).</b> <input type="checkbox"/>	
<b>E Person(s) on whose behalf this information return is filed:</b>	

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> AERAS BEIJING BIOLOGICAL TECHNOLOGY CO., LTD. UNIT 1446. 14F, A TOWER, PACIFIC BEIJING, CH				<b>b(1) Employer identification number, if any</b> FOREIGN
<b>d Date of incorporation</b> 05/23/2013				<b>b(2) Reference ID number (see instructions)</b> AERASBB
<b>e Principal place of business</b> CH				<b>c Country under whose laws incorporated</b> CHINA
<b>f Principal business activity code number</b> 541690		<b>g Principal business activity</b> R&D CONSULTING		<b>h Functional currency</b> CHINESE YUAN

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b> (Empty)	<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">                     (i) Taxable income or (loss)                 </td> <td style="width:50%; vertical-align: top;">                     (ii) U.S. income tax paid (after all credits)                 </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)					
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b> KHANNA RITA UNIT 1446. 14F, A TOWER, PACIFIC BEIJING CH	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b> DONNA D'AMATO 1405 RESEARCH BLVD, STE 300 ROCKVILLE, MD 20850					

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	1.	1.



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued** (see instructions)

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	79,254.	87,265.
2a	Trade notes and accounts receivable	44,170.	87,607.
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement)		
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets	2,308.	2,193.
b	Less accumulated depreciation	( 385.)	( 802.)
9a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement) ATTACHMENT 12	16,874.	24,534.
13	Total assets	142,221.	200,797.
<b>Liabilities and Shareholders' Equity</b>			
14	Accounts payable	18,794.	45,525.
15	Other current liabilities (attach statement) ATTACHMENT 13	41,502.	38,550.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement)		
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	81,925.	116,722.
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	142,221.	200,797.

**Schedule G Other Information**

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
|   | <b>Yes</b>               | <b>No</b>                           |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement.  |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).  |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).  |                          |                                     |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? . . . . .      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits** (see instructions)

**Important:** Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account . . . . .	<b>1</b>	329,921.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	<b>Net Additions</b>	<b>Net Subtractions</b>
a Capital gains or losses . . . . .		
b Depreciation and amortization . . . . .		
c Depletion . . . . .		
d Investment or incentive allowance . . . . .		
e Charges to statutory reserves . . . . .		
f Inventory adjustments . . . . .		
g Taxes . . . . .		
h Other (attach statement) . . . . .		
3 Total net additions . . . . .		
4 Total net subtractions . . . . .		
5a Current earnings and profits (line 1 plus line 3 minus line 4) . . . . .	<b>5a</b>	329,921.
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) . . . . .	<b>5b</b>	
c Combine lines 5a and 5b . . . . .	<b>5c</b>	329,921.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) . . . . .	<b>5d</b>	53,063.
Enter exchange rate used for line 5d ▶ 6.2175		

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ AERAS	Identifying number ▶ 52-2044704	
1 Subpart F income (line 38b, Worksheet A in the instructions), . . . . .	<b>1</b>	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions), . . . . .	<b>2</b>	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	<b>3</b>	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) . . . . .	<b>4</b>	
5 Factoring income . . . . .	<b>5</b>	
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions . . . . .	<b>6</b>	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) . . . . .	<b>7</b>	
8 Exchange gain or (loss) on a distribution of previously taxed income . . . . .	<b>8</b>	

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| ● Was any income of the foreign corporation blocked? . . . . .                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ● Did any such income become unblocked during the tax year (see section 964(b))? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

52-2044704

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number		EIN (if any) FOREIGN	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions)		(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
	AERAS	Reference ID number (see instructions) AERASBB				(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	
Name of foreign corporation AERAS BEIJING BIOLOGICAL TECHNOLOGY CO., LTD.	AERAS	52-2044704						
<b>Important:</b> Enter amounts in functional currency.								
<b>1</b> Balance at beginning of year					-1,511,368.			-1,511,368.
<b>2a</b> Current year E&P					329,921.			
<b>b</b> Current year deficit in E&P								
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)								
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year					-1,181,447.			
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P								
<b>b</b> Actual distributions of nonpreviously taxed E&P								
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)								
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)								
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)								-1,181,447.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**Transactions Between Controlled Foreign Corporation  
 and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
 ▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

AERAS

52-2044704

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

AERAS BEIJING BIOLOGICAL TECHNOLOGY CO., LTD.

FOREIGN

AERASBB

**Important:** Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

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(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade . . . . .					
3 Sales of property rights (patents, trademarks, etc.) . . . . .					
4 Platform contribution transaction payments received . . . . .					
5 Cost sharing transaction payments received . . . . .					
6 Compensation received for technical, managerial, engineering, construction, or like services . . . . .					
7 Commissions received . . . . .					
8 Rents, royalties, and license fees received . . . . .					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income). . . . .					
10 Interest received. . . . .					
11 Premiums received for insurance or reinsurance. . . . .					
12 Add lines 1 through 11 . . . . .					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade. . . . .					
15 Purchases of property rights (patents, trademarks, etc.) . . . . .					
16 Platform contribution transaction payments paid . . . . .					
17 Cost sharing transaction payments paid . . . . .					
18 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .					
19 Commissions paid . . . . .					
20 Rents, royalties, and license fees paid . . . . .					
21 Dividends paid . . . . .					
22 Interest paid . . . . .					
23 Premiums paid for insurance or reinsurance . . . . .					
24 Add lines 13 through 23. . . . .					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions . . . . .					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions . . . . .					

FORM 5471, PAGE 2 DETAIL

	<u>ATTACHMENT 10</u>	
<u>SCH C, LINE 8 - OTHER INCOME</u>		
INVESTMENT INCOME	6,665.	1,072.
TOTAL	<u>6,665.</u>	<u>1,072.</u>

	<u>ATTACHMENT 11</u>	
<u>SCH C, LINE 16 - OTHER DEDUCTIONS</u>		
PROGRAM SERVICES	2,015,857.	324,221.
MANAGEMENT & GENERAL	459,482.	73,901.
FOREIGN CURRENCY GAIN/LOSS	-110,815.	-17,823.
TOTAL	<u>2,364,524.</u>	<u>380,299.</u>

FORM 5471, PAGE 3 DETAIL

	<u>BEGINNING</u> <u>US CURRENCY</u>	<u>ENDING</u> <u>US CURRENCY</u>
		<u>ATTACHMENT 12</u>
<u>SCH F, LINE 12 - OTHER ASSETS</u>		
PREPAID EXPENSES	16,874.	24,534.
TOTALS	<u>16,874.</u>	<u>24,534.</u>
		<u>ATTACHMENT 13</u>
<u>SCH F, LINE 15 - OTHER CURRENT LIABILITIES</u>		
ACCRUED EXPENSES	10,434.	11,997.
ACCRUED SALARIES	22,803.	18,684.
DUE TO RELATED PARTY	8,265.	7,869.
TOTALS	<u>41,502.</u>	<u>38,550.</u>