

Owen J. Flanagan & Company, CPA's
60 East 42nd Street
New York, NY 10165
212-682-2783

August 9, 2016

American Federation For Aging
Research, Inc.
55 West 39th Street 16th Floor
New York, NY 10018
Attention: Stephanie Lederman

Dear Stephanie,

Enclosed is the organization's 2015 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by August 15, 2016.

NEW YORK FORM CHAR500:

The New York Form CHAR500 should be mailed on or before November 15, 2016 to:

NYS Office of Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

Enclose a check or money order for \$775.00, payable to Department of Law.

The report should be signed and dated by the authorized individual(s).

The attached copy of federal Form 990 must be properly signed and dated.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Yours truly,

Owen J. Flanagan & Company, CPA's

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2015

Prepared for	American Federation For Aging Research, Inc. 55 West 39th Street 16th Floor New York, NY 10018
Prepared by	Owen J Flanagan & CO 60 East 42nd Street New York, NY 10165
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by August 15, 2016.

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning and ending

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	C Name of organization AMERICAN FEDERATION FOR AGING RESEARCH, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 WEST 39TH STREET 16TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 F Name and address of principal officer: STEPHANIE LEDERMAN same as C above	D Employer identification number 13-3045282 E Telephone number 212-703-9977 G Gross receipts \$ 5,280,978. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AFAR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1981		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENHANCE THE QUALITY OF LIFE AND ALLEVIATE SUFFERING BY SUPPORTING BIOMEDICAL RESEARCH ON AGING 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 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 11 6 Total number of volunteers (estimate if necessary) 6 340 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,600,233. Prior Year 9 Program service revenue (Part VIII, line 2g) 19,483. Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 551,739. 2,550,033. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 24,644. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,171,455. 471,301.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,595,038. 7,691,654. 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) 1,465,831. 1,473,847. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 351,227. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,406,051. 1,198,910. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,466,920. 10,364,411. 19 Revenue less expenses. Subtract line 18 from line 12 -6,295,465. -7,318,433.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 29,151,194. Beginning of Current Year 21 Total liabilities (Part X, line 26) 2,865,497. End of Year 22 Net assets or fund balances. Subtract line 21 from line 20 26,285,697. 21,970,210.	

Part II Signature Block

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

Sign Here	Signature of officer ANN M. CONNOLLY, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Kevin Sunkel	Preparer's signature Date
	Firm's name ▶ Owen J Flanagan & Co Firm's address ▶ 60 East 42nd Street New York, NY 10165	Check if self-employed <input type="checkbox"/> PTIN P00706145 Firm's EIN ▶ 13-2060851 Phone no. 212-682-2783

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

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:
THE AMERICAN FEDERATION FOR AGING RESEARCH IS COMMITTED TO SUPPORTING THE SCIENCE OF HEALTHIER AGING. AFAR SUPPORTS NEW AND EARLY-CAREER SCIENTISTS WHOSE RESEARCH EXPLORES THE BIOLOGY OF HOW PEOPLE AGE AND THE BIOLOGICAL CHANGES THAT CAUSE AGE-RELATED DISEASE.

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 \$ 9,102,902. including grants of \$ 7,675,654.) (Revenue \$ _____)
AWARDS FOR BIOMEDICAL RESEARCH INTO AGING.

4b (Code: _____) (Expenses \$ 429,680. including grants of \$ 16,000.) (Revenue \$ 24,644.)
CREATING OPPORTUNITIES FOR SCIENTISTS AND CLINICIANS TO SHARE KNOWLEDGE AND EXCHANGE IDEAS TO ENCOURAGE INNOVATIVE THINKING AND COLLABORATIONS.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **9,532,582.**

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Form 990 (2015)

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Part IV Checklist of Required Schedules *(continued)*

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

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2015)

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **STEPHANIE LEDERMAN - 212-703-9977**
55 W 39TH STREET 16TH FLOOR, NEW YORK, NY 10018

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Form 990 (2015)

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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 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) STEVEN N. AUSTAD, Ph.D SCIENTIFIC DIRECTOR	2.00	X		X				0.	0.	0.
(2) WILLIAM LIPTON CHAIR	2.00	X		X				0.	0.	0.
(3) ROGER J McCARTER, PHD DIRECTOR	1.00	X						0.	0.	0.
(4) CAROLINE S. BLAUM DEPUTY MEDICAL OFFICER	2.00	X		X				0.	0.	0.
(5) ANN M. CONNOLLY TREASURER	2.00	X		X				0.	0.	0.
(6) MICHAEL W. HODIN DIRECTOR	1.00	X						0.	0.	0.
(7) LAURA BARZILAI DIRECTOR	1.00	X						0.	0.	0.
(8) HUME R. STEYER DIRECTOR	1.00	X						0.	0.	0.
(9) KEVIN J. LEE DIRECTOR	1.00	X						0.	0.	0.
(10) TERRIE T. WETLE DIRECTOR	1.00	X						0.	0.	0.
(11) JOYCE YAEGER DIRECTOR	1.00	X						0.	0.	0.
(12) CHARLES BEEVER SECRETARY	2.00	X		X				0.	0.	0.
(13) HARVEY COHEN PRESIDENT	2.00	X		X				0.	0.	0.
(14) MARK COLLINS DIRECTOR	1.00	X						0.	0.	0.
(15) GAETANO CREPALDI DIRECTOR	1.00	X						0.	0.	0.
(16) JAMES L. KIRKLAND DIRECTOR	1.00	X						0.	0.	0.
(17) MARIE A. BERNARD EX-OFFICIO	1.00	X						0.	0.	0.

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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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 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			
(18) JOHN B. RHODES DIRECTOR	1.00	X					0.	0.	0.	
(19) NIR BARZILAI DEPUTY SCIENTIFIC DIRECTOR	2.00	X					0.	0.	0.	
(20) ALEXANDRA GATJE DIRECTOR	1.00	X					0.	0.	0.	
(21) MARK LACHS DIRECTOR	1.00	X					0.	0.	0.	
(22) STEFANIA MAGGI DIRECTOR	1.00	X					0.	0.	0.	
(23) ALLEN MEAD DIRECTOR	1.00	X					0.	0.	0.	
(24) S. JAY OLSHANSKY DIRECTOR	1.00	X					0.	0.	0.	
(25) GARY ZWERLING DIRECTOR	1.00	X					0.	0.	0.	
(26) RICHARD BESDINE MEDICAL OFFICER	2.00	X		X			0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							676,260.	0.	152,325.	
d Total (add lines 1b and 1c)							676,260.	0.	152,325.	

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 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

See Part VII, Section A Continuation sheets

Form **990** (2015)

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12-16-15

**AMERICAN FEDERATION FOR AGING
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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 line)	(C) Position (check all that apply)						(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			
(27) WILLIAM J. HALL DIRECTOR	1.00	X					0.	0.	0.	
(28) THOMAS P. KAHN DIRECTOR	1.00	X					0.	0.	0.	
(29) PETER KIMMELMAN DIRECTOR	1.00	X					0.	0.	0.	
(30) STEPHANIE LEDERMAN EXECUTIVE DIRECTOR	37.50			X			386,565.	0.	71,944.	
(31) ODETTE VAN DER WILLIK PROGRAM DIRECTOR	37.50				X		182,550.	0.	52,175.	
(32) FREDERICA BLUM FINANCE DIRECTOR	37.50				X		107,145.	0.	28,206.	
Total to Part VII, Section A, line 1c							676,260.	152,325.		

**AMERICAN FEDERATION FOR AGING
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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,550,033.				
	g Noncash contributions included in lines 1a-1f: \$		11,189.				
	h Total. Add lines 1a-1f		2,550,033.				
Program Service Revenue	2 a CONFERENCE REGISTRATIONS	Business Code 900099	24,644.	24,644.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		24,644.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		104,459.			104,459.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		366,842.			366,842.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			3,045,978.	24,644.	0.	471,301.	

**AMERICAN FEDERATION FOR AGING
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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	6,988,876.	6,988,876.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	206,512.	206,512.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	496,266.	496,266.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	458,509.	151,308.	215,499.	91,702.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	753,322.	581,046.	56,443.	115,833.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,899.	40,212.	5,256.	8,431.
9 Other employee benefits	142,918.	103,113.	17,081.	22,724.
10 Payroll taxes	65,199.	40,529.	13,622.	11,048.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,250.		27,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,729.		30,729.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	134,000.	134,000.		
12 Advertising and promotion	59,429.	58,429.		1,000.
13 Office expenses	85,854.	40,854.	22,502.	22,498.
14 Information technology	7,213.	7,213.		
15 Royalties				
16 Occupancy	240,806.	144,484.	50,569.	45,753.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	522,350.	476,750.	21,852.	23,748.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,543.	15,926.	5,574.	5,043.
23 Insurance	11,265.		11,265.	
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 PUBLICATIONS	38,211.	34,764.		3,447.
b DUES & FILING FEES	15,260.	12,300.	2,960.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,364,411.	9,532,582.	480,602.	351,227.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**AMERICAN FEDERATION FOR AGING
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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	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	6,213,359.	2	4,390,263.	
	3 Pledges and grants receivable, net	12,633,276.	3	7,296,216.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 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 instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	99,577.	9	121,712.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	215,535.			
	b Less: accumulated depreciation	191,459.	50,619.	10c	24,076.
	11 Investments - publicly traded securities	8,024,351.	11	8,031,121.	
	12 Investments - other securities. See Part IV, line 11	979,955.	12	979,127.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,150,057.	15	1,127,695.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,151,194.	16	21,970,210.		
Liabilities	17 Accounts payable and accrued expenses	48,870.	17	49,470.	
	18 Grants payable	2,816,627.	18	3,351,008.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25	2,865,497.	26	3,400,478.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,549,654.	27	4,564,377.	
	28 Temporarily restricted net assets	17,855,797.	28	9,900,144.	
	29 Permanently restricted net assets	3,880,246.	29	4,105,211.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	26,285,697.	33	18,569,732.		
34 Total liabilities and net assets/fund balances	29,151,194.	34	21,970,210.		

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**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,045,978.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,364,411.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,318,433.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,285,697.
5	Net unrealized gains (losses) on investments	5	-397,532.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,569,732.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization AMERICAN FEDERATION FOR AGING RESEARCH, INC.

Employer identification number 13-3045282

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3273425.	12274330.	10592695.	3600233.	2550033.	32290716.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3273425.	12274330.	10592695.	3600233.	2550033.	32290716.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						22837190.
6 Public support. Subtract line 5 from line 4.						9453526.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3273425.	12274330.	10592695.	3600233.	2550033.	32290716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,331.	134,885.	331,921.	551,524.	104,459.	1234120.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33524836.
12 Gross receipts from related activities, etc. (see instructions)					12	107,352.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	28.20 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	31.52 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 on 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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.		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 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 Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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 Part VI 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.	Yes	No
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 Part VI.		
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 Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	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	Distributable Amount. 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 Total annual distributions. 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 Total 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 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Part II, Section C, line 17a, Facts and Circumstances Test:

AMERICAN FEDERATION FOR AGING RESEARCH'S (AFAR'S) PUBLIC SUPPORT

PERCENTAGE HAS DROPPED BELOW 33.33% IN THE PAST FEW YEARS DUE TO THE

RECEIPT OF SEVERAL LARGE MULTI-YEAR CONTRIBUTIONS FROM A FEW FOUNDATIONS, CORPORATIONS AND INDIVIDUALS.

THE ORGANIZATION ACTIVELY SOLICITS BROAD BASED SUPPORT THROUGH PUBLIC

EDUCATION AND FUNDRAISING INITIATIVES, INCLUDING AN INTERACTIVE WEBSITE,

WEBINARS, EXPERT PANEL DISCUSSIONS, LECTURES, CONFERENCES AND A

SEMI-ANNUAL ELECTRONIC NEWSLETTER. AFAR STRIVES TO MAINTAIN A BROAD DONOR

BASE AND ITS PUBLIC SUPPORT PERCENTAGE IS AT THE UPPER END OF THE FACTS

AND CIRCUMSTANCES RANGE.

AFAR'S MISSION TO SUPPORT BIOMEDICAL RESEARCH ON AGING PROVIDES STRATEGIES

FOR KEEPING OLDER ADULTS HEALTHY AND VITAL. OUR RAPIDLY AGING SOCIETY IS

ONE OF THE MAJOR PUBLIC HEALTH CHALLENGES OF THE 21ST CENTURY, AND

ADVANCES IN THE FIELD OF AGING WILL HAVE A BROAD PUBLIC IMPACT AS THEY

WILL LEAD TO IMPROVED HEALTH AND MITIGATE SOCIAL AND FINANCIAL BURDENS.

AFAR'S BOARD OF DIRECTORS IS A LARGE AND DIVERSE GROUP OF PRIMARILY

UNRELATED INDIVIDUALS INCLUDING SCIENTISTS AND EDUCATORS FROM OVER 30

NATIONAL AND INTERNATIONAL UNIVERSITIES AND RESEARCH INSTITUTES, THE

NATIONAL INSTITUTE ON AGING, CORPORATIONS, FOUNDATIONS AND OTHERS.

FINALLY, AFAR SOLICITS HUNDREDS OF APPLICATIONS FOR RESEARCH FUNDING AND

MEDICAL STUDENT TRAINING PROGRAMS EVERY YEAR. FUNDING IS AWARDED ON A

COMPETITIVE BASIS TO BOTH U.S. AND INTERNATIONAL APPLICANTS. PLEASE REFER

TO SCHEDULE I FOR DETAIL.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization **AMERICAN FEDERATION FOR AGING RESEARCH, INC.** **Employer identification number** **13-3045282**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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.

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 on 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 on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule D (Form 990) 2015

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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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,679,202.	7,467,963.	6,289,624.	5,740,287.	5,999,593.
b Contributions	724,965.				100,000.
c Net investment earnings, gains, and losses	37,232.	487,312.	1,430,264.	768,457.	-144,837.
d Grants or scholarships					
e Other expenditures for facilities and programs	274,868.	276,073.	251,925.	219,120.	214,469.
f Administrative expenses					
g End of year balance	8,166,531.	7,679,202.	7,467,963.	6,289,624.	5,740,287.

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

- a** Board designated or quasi-endowment 42.86 %
- b** Permanent endowment 50.27 %
- c** Temporarily restricted endowment 6.87 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		215,535.	191,459.	24,076.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,076.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	1,127,695.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,127,695.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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

AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,617,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-397,532.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-397,532.
3	Subtract line 2e from line 1	3	3,015,249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,729.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,729.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,045,978.

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

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

1	Total expenses and losses per audited financial statements	1	10,333,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,333,682.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,729.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,729.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,364,411.

Part XIII Supplemental Information.

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN FEDERATION FOR AGING RESEARCH, INC.

Employer identification number
13-3045282

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
MIDDLE EAST (ISRAEL)			GRANTS TO RECIPIENTS LOCATED IN REGION	BIOMEDICAL AGING RESEARCH	71,749.
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium			GRANTS TO RECIPIENTS LOCATED IN REGION	BIOMEDICAL AGING RESEARCH	424,517.
3 a Sub-total	0	0			496,266.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			496,266.

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule F (Form 990) 2015

13-3045282

Page 2

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)
		MIDDLE EAST (ISRAEL)	BIOMEDICAL AGING RESEARCH	71,749	BANK DRAFT	0.		
		Europe (Including Iceland & Greenland) - Albania, Andorra,	BIOMEDICAL AGING RESEARCH	424,517	BANK DRAFT	0.		

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 **4**

3 Enter total number of other organizations or entities

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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)

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

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.

Part I, Line 2:

GRANTEES ARE REQUIRED TO SUBMIT INTERIM REPORTS IN ORDER TO RECEIVE
SECOND PAYMENTS ON AWARDS, AS WELL AS SUBMIT FINAL REPORTS ON HOW THEIR
PROJECT WENT AND THE GRANT FUNDS WERE SPENT.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **AMERICAN FEDERATION FOR AGING RESEARCH, INC.** Employer identification number **13-3045282**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	13-1624225	501(C)3	129,718.	0.			BIOMEDICAL AGING RESEARCH
BAYLOR COLLEGE OF MEDICINE PO BOX 201361 HOUSTON, TX 77216	74-1613878	501(C)3	78,000.	0.			BIOMEDICAL AGING RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)3	90,000.	0.			BIOMEDICAL AGING RESEARCH
BOSTON MEDICAL CENTER 660 HARRISON AVENUE, GAMBRO 2 BOSTON, MA 02118	04-3314093	501(C)3	235,000.	0.			BIOMEDICAL AGING RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL BANK OF AMERICA BOSTON, MA 02241-3149	04-2312909	501(C)3	8,334.	0.			BIOMEDICAL AGING RESEARCH
BROWN UNIVERSITY ALDRICH 318 PROVIDENCE, RI 02903	05-0258809	501(C)3	274,250.	0.			BIOMEDICAL AGING RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **60.**
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule I (Form 990)

13-3045282

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCK INSTITUTE FOR RESEARCH ON AGING - 8001 REDWOOD BLVD - NOVATO, CA 94945-1400	94-3030609	501(C)3	104,000.	0.			BIOMEDICAL AGING RESEARCH
CHILDRENS HOSPITAL OF PHILADELPHIA LOCKBOX#1457 PO BOX 8500 PHILADELPHIA, PA 19178-1457	23-1352166	501(C)3	98,500.	0.			BIOMEDICAL AGING RESEARCH
COMMONWEALTH CARE ALLIANCE 30 WINTER STREET BOSTON, MA 02108	04-3756900	501(C)3	20,000.	0.			BIOMEDICAL AGING RESEARCH
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)3	98,500.	0.			BIOMEDICAL AGING RESEARCH
DUKE UNIVERSITY 2200 WEST MAIN STREET DURHAM, NC 07705	56-0532129	501(C)3	91,000.	0.			BIOMEDICAL AGING RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD, 4TH FLOOR ATLANTA, GA 30322-4250	58-0566256	501(C)3	102,000.	0.			BIOMEDICAL AGING RESEARCH
GEORGIA TECH RESEARCH CORPORATION 505 10TH STREET NW ATLANTA, GA 30318	58-0603146	501(C)3	24,500.	0.			BIOMEDICAL AGING RESEARCH
HARVARD MEDICAL SCHOOL PO BOX 415649 BOSTON, MA 02241-5649	04-2103580	501(C)3	27,250.	0.			BIOMEDICAL AGING RESEARCH
HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501(C)3	22,500.	0.			BIOMEDICAL AGING RESEARCH

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule I (Form 990)

13-3045282

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 620 UNION DRIVE, ROOM 518 INDIANAPOLIS, IN 46202-5167	35-6001673	501(C)3	92,000.	0.			BIOMEDICAL AGING RESEARCH
J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	20,000.	0.			BIOMEDICAL AGING RESEARCH
JOHNS HOPKINS UNIVERSITY 1830 E. MONUMENT ST, STE 2-300 BALTIMORE, MD 21205	52-0595110	501(C)3	149,000.	0.			BIOMEDICAL AGING RESEARCH
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241-4876	04-2697983	501(C)3	48,500.	0.			BIOMEDICAL AGING RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - NE18-907, 77 MASSACHUSETTS AVE. - CAMBRIDGE, MA 02139	04-2103594	501(C)3	98,500.	0.			BIOMEDICAL AGING RESEARCH
MAYO CLINIC 200 FIRST STREET SOUTH WEST ROCHESTER, MN 55905	41-6011702	501(C)3	26,000.	0.			BIOMEDICAL AGING RESEARCH
MOUNT SINAI SCHOOL OF MEDICINE BOX 3500 NEW YORK, NY 10029	13-6171197	501(C)3	144,000.	0.			BIOMEDICAL AGING RESEARCH
OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	501(C)3	10,000.	0.			BIOMEDICAL AGING RESEARCH
RHODE ISLAND HOSPITAL BOX 42 STE 1.300 PROVIDENCE, RI 02903-4141	05-0258954	501(C)3	102,000.	0.			BIOMEDICAL AGING RESEARCH

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN, 273 TOB CHICAGO, IL 60612	36-2174823	501(C)3	20,000.	0.			BIOMEDICAL AGING RESEARCH
SALK INSTITUTE FOR BIOLOGICAL SCIENCES - 10010 NORTH TORREY PINES RD - LA JOLLA, CA 92037-1002	95-2160097	501(C)3	163,750.	0.			BIOMEDICAL AGING RESEARCH
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037-1005	15-1097108	501(C)3	137,500.	0.			BIOMEDICAL AGING RESEARCH
ST. JUDES CHILDRENS RESEARCH HOSPITAL - 262 DANNY THOMAS PL MAILSTOP 509 - MEMPHIS, TN 38105	16-2064601	501(C)3	49,250.	0.			BIOMEDICAL AGING RESEARCH
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)3	65,203.	0.			BIOMEDICAL AGING RESEARCH
TEXAS A&M UNIVERSITY 400 HARVEY MITCHEL PARKWAY COLLEGE STATION, TX 77845-4375	74-2907553	501(C)3	49,250.	0.			BIOMEDICAL AGING RESEARCH
TUFTS UNIVERSITY 136 HARRISON AVENUE BALTIMORE, MA 02111-1817	04-2103634	501(C)3	20,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF VERMONT 340 WATERMAN BUILDING BURLINGTON, VT 05405-0160	03-0179440	501(C)3	27,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVE SOUTH - BIRMINGHAM, AL 35294-0109	63-6005396	501(C)3	119,514.	0.			BIOMEDICAL AGING RESEARCH

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 1125 MURPHY HALL - LOS ANGELES, CA 90095-9000	95-6006143	501(C)3	382,500.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 95 GILMAN DRIVE - LA JOLLA, CA 92093-0041	95-6006144	501(C)3	100,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST - SAN FRANCISCO, CA 94143-0897	94-6036493	501(C)3	275,500.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF CHICAGO 1427 EAST 60TH ST CHICAGO, IL 60637	36-2177139	501(C)3	105,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF COLORADO BOULDER 3100 CATHEDRAL OF LEARNING BOULDER, CO 80303-1058	84-6000555	501(C)3	48,740.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF COLORADO, DENVER PO BOX 238 DENVER, CO 80291-0238	84-6000555	501(C)3	134,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF HAWAII 2530 DOLE ST HONOLULU, HI 96822	99-6000354	501(C)3	87,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF MARYLAND ACCOUNTING AND COMPLIANCE BALTIMORE, MD 21203-6428	52-6002033	501(C)3	16,666.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET, 1032 ANN ARBOR, MI 48109	38-6006309	501(C)3	115,400.	0.			BIOMEDICAL AGING RESEARCH

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule I (Form 990)

13-3045282

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CB#1350, 104 AIRPORT DR STE 2200 - CHAPEL HILL, NC 27599	56-6001393	501(C)3	151,500.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104-6205	23-1352685	501(C)3	128,625.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)3	315,500.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF ROCHESTER BROOKS LANDING BUSINESS CENTER ROCHESTER, NY 14642	16-0743209	501(C)3	99,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA DAVIS SCH. OF GERONTOLOGY - 3500 S. FIGUEROA, SUITE 102 - LOS ANGELES, CA 90089-8001	95-1642394	501(C)3	25,250.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF TENNESSEE 62 S. DUNLOP ST., STE 300 MEMPHIS, TN 38163-0001	62-6001636	501(C)3	25,500.	0.			BIOMEDICAL AGING RESEARCH BIOMEDICAL AGING RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, CA 78229-3900	74-1586031	501(C)3	108,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE SALT LAKE CITY, UT 84112-9022	87-6000525	501(C)3	61,000.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)3	49,250.	0.			BIOMEDICAL AGING RESEARCH

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule I (Form 990)

13-3045282

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)3	180,450.	0.			BIOMEDICAL AGING RESEARCH
UNIVERSITY OF WISCONSIN, MILWAUKEE 21 NORTH PARK STREET, SUITE 6401 MADISON, WI 53715	39-1805963	501(C)3	221,000.	0.			BIOMEDICAL AGING RESEARCH
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390-9020	75-6002868	501(C)3	98,500.	0.			BIOMEDICAL AGING RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT 1236 - DALLAS, TX 75312-1236	62-0476822	501(C)3	11,250.	0.			BIOMEDICAL AGING RESEARCH
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)3	105,500.	0.			BIOMEDICAL AGING RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112-1408	43-0653611	501(C)3	287,500.	0.			BIOMEDICAL AGING RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 575 LEXINGTON AVE - 9TH FL - NEW YORK, NY 10022	13-1623978	501(C)3	219,969.	0.			BIOMEDICAL AGING RESEARCH
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 9 CAMBRIDGE CENTER - CAMBRIDGE, MA 02142	06-1043412	501(C)3	49,250.	0.			BIOMEDICAL AGING RESEARCH
YALE UNIVERSITY SCHOOL OF MEDICINE 47 COLLEGE STREET NEW HAVEN, CT 06510-3209	06-0646973	501(C)3	141,500.	0.			BIOMEDICAL AGING RESEARCH

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL STUDENT GRANTS	45	206,512.	0.		
GRANTS AND SCHOLARSHIPS	0	0.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

GRANTEES ARE REQUIRED TO SUBMIT INTERIM REPORTS IN ORDER TO RECEIVE SECOND
PAYMENTS ON AWARDS, AS WELL AS SUBMIT FINAL REPORTS ON HOW THEIR PROJECT
WENT AND THE GRANT FUNDS WERE SPENT.

FORM 990, SCHEDULE I, PART IV

AFAR PREPARES THE AWARD MATERIALS, CONSISTING OF AN AWARD LETTER,
AGREEMENT TO ACCEPT CONDITIONS FORM, DISCLAIMER FORM, MEDIA GUIDELINES.

Part IV Supplemental Information

ONCE ALL THE COMPLETED AWARD MATERIALS ARE RETURNED TO AFAR AND AFAR HAS RECEIVED INSTITUTIONAL REVIEW BOARD OR INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE APPROVAL DOCUMENTATION (IF ANIMAL AND/OR HUMAN SUBJECTS ARE USED IN THE PROJECT), THE FIRST INSTALLMENT OF THE AWARD IS MADE. FURTHER INSTALLMENTS ARE MADE UPON RECEIPT OF SATISFACTORY PROGRESS REPORTS.

GRANTEES MAY REQUEST NO-COST EXTENSIONS AND BUDGET REVISIONS WHICH ARE SUBMITTED AND REVIEWED BY AFAR STAFF. IN CERTAIN SITUATIONS CONSULTATION FROM SCIENTIFIC DIRECTOR OR CHAIR OF THE RESEARCH COMMITTEE IS REQUESTED BEFORE A REQUEST IS APPROVED. UNEXPENDED FUNDS AT THE END OF THE GRANT PERIOD MUST BE RETURNED TO AFAR.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number
13-3045282

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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				
(1) STEPHANIE LEDERMAN EXECUTIVE DIRECTOR	(i)	386,565.	0.	0.	23,000.	48,944.	458,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ODETTE VAN DER WILLIK PROGRAM DIRECTOR	(i)	182,550.	0.	0.	18,375.	33,800.	234,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization AMERICAN FEDERATION FOR AGING RESEARCH, INC.	Employer identification number 13-3045282
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990 PART I, LINE 8, LINE 19, LINE 22

MOST OF AFAR'S FUNDING COMES FROM LARGE, RESTRICTED MULTI-YEAR CONTRIBUTIONS. IN YEARS WHEN NO NEW MULTI-YEAR CONTRIBUTIONS ARE PLEDGED, AFAR SPENDS DOWN PRIOR YEAR CONTRIBUTIONS. THIS GAAP REPORTING REQUIREMENT CAN CREATE LARGE POSITIVE AND NEGATIVE CHANGES IN TOTAL CONTRIBUTIONS (PART 1, LINE 8), REVENUE LESS EXPENSES (PART 1, LINE 19) AND NET ASSETS (PART 1, LINE 22).

Form 990, Part III, Line 1, Description of Organization Mission:

AFAR IDENTIFIES AND FUNDS A BROAD RANGE OF CUTTING-EDGE RESEARCH THAT IS MOST LIKELY TO INCREASE THE BODY OF KNOWLEDGE ON THE BIOLOGY OF AGING AND LEAD TO SIGNIFICANT MEDICAL BREAKTHROUGHS IN PREVENTING AND TREATING DISEASE AND INCREASING A HEALTHY LIFESPAN.

IN ADDITION, AFAR ADDRESSES THE CRITICAL SHORTAGE OF PHYSICIANS WHO ARE ADEQUATELY TRAINED TO TAKE CARE OF AN AGING SOCIETY BY COLLABORATING WITH FOUNDATIONS, CORPORATIONS AND INDIVIDUALS TO OFFER UNIQUE GRANT OPPORTUNITIES.

Form 990, Part VI, Section A, line 2:

THERE ARE TWO MARRIED COUPLES ON THE AFAR BOARD OF DIRECTORS - (1) RICHARD BESDINE AND TERRIE WETLE AND (2) NIR AND LAURA BARZILAI.

Form 990, Part VI, Section B, line 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization AMERICAN FEDERATION FOR AGING RESEARCH, INC.	Employer identification number 13-3045282
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AFAR'S FINANCE COMMITTEE PERFORMS THE INITIAL REVIEW OF THE DRAFT 990 DOCUMENT. THE FINANCE COMMITTEE REQUESTS CHANGES AS NEEDED AND APPROVES THE DOCUMENT. AFTER COMMITTEE APPROVAL HAS BEEN OBTAINED, THE MEMBERS OF THE AFAR BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF THE FINAL VERSION OF THE FORM 990. THE TREASURER THEN SIGNS THE DOCUMENT FOR FILING WITH THE APPROPRIATE AGENCY.

Form 990, Part VI, Section B, Line 12c:

AT THE BEGINNING OF EACH FISCAL YEAR, AFAR DIRECTORS ARE SENT A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY FOR THEIR REVIEW AND SIGNATURE. DIRECTORS RETURN THE EXECUTED COPIES TO THE ORGANIZATION. DIRECTORS ARE ALSO ASKED TO INFORM THE BOARD CHAIR AND EXECUTIVE DIRECTOR OF ANY POSSIBLE CONFLICTS OF INTEREST THAT ARISE DURING THE COURSE OF THE YEAR. EACH CASE REPORTED IS EVALUATED SEPARATELY AND AN APPROPRIATE DETERMINATION/RESOLUTION IS REACHED.

Form 990, Part VI, Section B, Line 15:

THE BY LAWS OF THE ORGANIZATION GIVE THE CHAIR OF THE BOARD OF DIRECTORS THE POWER TO FIX THE COMPENSATION OF SUCH EMPLOYEES IN ARTICLE IV PARAGRAPH 2. THE BOARD CHAIR REVIEWS THE COMPENSATION OF TOP MANAGERS PERIODICALLY, AND FOR SALARY INCREASES PERIODICALLY, BUT NOT NECESSARILY ANNUALLY. THE REVIEW IS CONDUCTED EITHER SOLELY BY THE CHAIR, OR WITH THE HELP OF A COMPENSATION TASK FORCE COMPRISED OF REPRESENTATIVES OF THE LEADERSHIP OF AFAR'S BOARD. THE PROCESS INCLUDES A REVIEW OF THE COMPENSATION OF TOP MANAGERS AT SIMILAR ORGANIZATIONS AS REVEALED ON THEIR 990 FORMS; REVIEW OF RECENT NOT-FOR-PROFIT COMPENSATION SURVEYS; CLOSED SESSION DISCUSSIONS ON THE RECENT OVERALL PERFORMANCE OF TOP MANAGEMENT AND APPROVAL BY THE CHAIR AND/OR COMPENSATION TASK FORCE OF RECOMMENDED SALARY INCREASES. RECENT

Name of the organization **AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number
13-3045282

PRACTICE (OVER THE LAST 10 YEARS) HAS BEEN TO CONVENE A COMPENSATION TASK
FORCE TO CONDUCT PERIODIC REVIEWS OF COMPENSATION OF TOP MANAGERS.

Form 990, Part VI, Section C, Line 18:

990'S ARE PROVIDED TO THE FOLLOWING ORGANIZATIONS WHO MAY THEN POST ONLINE
- GUIDESTAR, DUN AND BRADSTREET, CHARITY NAVIGATOR AND THE FOUNDATION
CENTER.

Form 990, Part VI, Section C, Line 19:

THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE FOR INSPECTION BY
THE PUBLIC UPON REQUEST, COPIES OF THESE DOCUMENTS ARE KEPT ONSITE AND ARE
ACCESSIBLE ON THE ORGANIZATION'S WEBSITE, WWW.AFAR.ORG
<HTTP://WWW.AFAR.ORG>. THE ORGANIZATION'S CONFLICT OF INTEREST,
WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES ARE AVAILABLE
FOR INSPECTION BY THE PUBLIC UPON REQUEST IN EITHER ELECTRONIC FORMAT OR
HARD COPY. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST AND ARE INCLUDED IN SUMMARY FORM IN THE ANNUAL REPORT. FINANCIAL
STATEMENTS AND 990'S ARE PROVIDED TO THE FOLLOWING ORGANIZATIONS WHO MAY
THEN POST ONLINE - GUIDESTAR, DUN AND BRADSTREET, CHARITY NAVIGATOR AND THE
FOUNDATION CENTER.

990 PART VII

HADLEY FORD - CHAIR, EMERITUS

SENATOR JOHN H. GLENN - HONORARY DIRECTOR

DIANA JACOBS KALMAN - CHAIR EMERITUS

GEORGE M. MARTIN - SCIENTIFIC DIRECTOR EMERITUS

DIANE A. NIXON - VICE CHAIR EMERITUS

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN FEDERATION FOR AGING RESEARCH, INC.	Employer identification number (EIN) or 13-3045282
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 55 WEST 39TH STREET 16TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEPHANIE LEDERMAN

- The books are in the care of ▶ **55 W 39TH STREET 16TH FLOOR - NEW YORK, NY 10018**
Telephone No. ▶ **212-703-9977** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
December 31, 2015

Prepared for	American Federation For Aging Research, Inc. 55 West 39th Street 16th Floor New York, NY 10018
Prepared by	Owen J Flanagan & CO 60 East 42nd Street New York, NY 10165
Amount due or refund	Balance due of \$775.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271
Return must be mailed on or before	November 15, 2016
Special Instructions	The report should be signed and dated by the authorized individual(s). The attached copy of federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2015
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2015 and Ending (mm/dd/yyyy) 12/31/2015		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: AMERICAN FEDERATION FOR AGING RESEARCH,	Employer Identification Number (EIN): 13-3045282
	Mailing Address: 55 WEST 39TH STREET 16TH FLOOR	NY Registration Number: 02-85-03
	City / State / ZIP: NEW YORK, NY 10018	Telephone: 212 703-9977
	Website: WWW.AFAR.ORG	Email: INFO@AFAR.ORG
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	STEPHANIE LEDERMAN		
	EXEC. DIR.	Print Name and Title	Date
	_____ Signature		
Chief Financial Officer or Treasurer:	ANN CONNOLLY		
	TREASURER	Print Name and Title	Date
	_____ Signature		

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single-check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).