

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2011

Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011, or tax year beginning , 2011, and ending

GILEAD FOUNDATION
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404A Employer identification number
20-1042419B Telephone number (see the instructions)
650-522-5036C If exemption application is pending, check here ☐G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name changeD 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐I Fair market value of all assets at end of year (from Part II, column (c), line 16) ☐ Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐Fair market value of all assets at end of year (from Part II, column (c), line 16) ☐ Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (att sch)	5,009,779.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	2,464.	2,464.	N/A	
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain/(loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	5,012,243.	2,464.		
13 Compensation of officers, directors, trustees, etc.	0.			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) SEE ST 1	10,650.			10,650.
b Accounting fees (attach sch) SEE ST 2	14,655.			14,655.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule) SEE ST 3				
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) SEE STATEMENT 3	780.	550.		180.
24 Total operating and administrative expenses. Add lines 13 through 23	26,085.	550.		25,485.
25 Contributions, gifts, grants paid PART XV	4,807,207.			4,950,480.
26 Total expenses and disbursements. Add lines 24 and 25	4,833,292.	550.		4,975,965.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	178,951.			
b Net investment income (if negative, enter -0-)		1,914.		
c Adjusted net income (if negative, enter -0-)				

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ADMINISTRATIVE EXPENSES

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing				
	2	Savings and temporary cash investments		2,478,961.	2,532,912.	2,532,912.
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments — U.S. and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule)				
	c	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)					
12	Investments — mortgage loans					
13	Investments — other (attach schedule)					
14	Land, buildings, and equipment basis					
	Less accumulated depreciation (attach schedule)					
15	Other assets (describe)					
16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)		2,478,961.	2,532,912.	2,532,912.	
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable		125,000.		
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)		125,000.	0.	
NET FUND ASSETS OR BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>					
	24	Unrestricted		2,353,961.	2,532,912.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)		2,353,961.	2,532,912.	
	31	Total liabilities and net assets/fund balances (see instructions)		2,478,961.	2,532,912.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,353,961.
2	Enter amount from Part I, line 27a	2	178,951.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	2,532,912.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	2,532,912.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a N/A				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2010	5,953,817.	3,216,901.	1.850793
2009	4,867,977.	2,672,932.	1.821212
2008	4,735,646.	1,960,109.	2.416012
2007	4,367,164.	1,738,550.	2.511958
2006	2,307,909.	846,516.	2.726362

2 Total of line 1, column (d)	2	11.326337
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	2.265267
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	3,006,311.
5 Multiply line 4 by line 3	5	6,810,097.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	19.
7 Add lines 5 and 6	7	6,810,116.
8 Enter qualifying distributions from Part XII, line 4	8	4,975,965.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	38.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	38.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	38.
6 Credits/Payments			
a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6a	492.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	492.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	454.	
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input type="checkbox"/> 454. Refunded <input type="checkbox"/> 0.	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.GILEAD.COM/WT/SEC/FOUNDATION</u>	13	X	
14	The books are in care of <u>GILEAD SCIENCES (TAX DEPT)</u> Telephone no <u>650-522-5036</u> Located at <u>333 LAKESIDE DRIVE FOSTER CITY CA</u> ZIP + 4 <u>94404</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>	15		N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country.				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☒ Yes ☐ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☒ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

☐ Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.

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Form 990-PF (2011)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	3,052,092.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	3,052,092.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	3,052,092.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	45,781.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,006,311.
6 Minimum investment return. Enter 5% of line 5	6	150,316.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	150,316.
2a Tax on investment income for 2011 from Part VI, line 5	2a	38.
b Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	38.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	150,278.
4 Recoveries of amounts treated as qualifying distributions	4	18,273.
5 Add lines 3 and 4	5	168,551.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	168,551.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	4,975,965.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,975,965.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,975,965.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				168,551.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	2,265,583.			
b From 2007	4,280,995.			
c From 2008	4,637,850.			
d From 2009	4,734,367.			
e From 2010	5,793,015.			
f Total of lines 3a through e	21,711,810.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 4,975,965.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2011 distributable amount				168,551.
e Remaining amount distributed out of corpus	4,807,414.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,519,224.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	2,265,583.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	24,253,641.			
10 Analysis of line 9				
a Excess from 2007	4,280,995.			
b Excess from 2008	4,637,850.			
c Excess from 2009	4,734,367.			
d Excess from 2010	5,793,015.			
e Excess from 2011	4,807,414.			

BAA

Form 990-PF (2011)

N/A

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

(4) Gross investment income

[illegible]

1 Information Regarding Foundation Managers:

NONE

NONE

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed.

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE ATTACHMENT 1				4,950,480.
Total			3a	4,950,480.
b Approved for future payment SEE ATTACHMENT 2				336,667.
Total			3b	336,667.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	2,464.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				2,464.	
13	Total. Add line 12, columns (b), (d), and (e)				13	2,464.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations
------------------	--

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash		X
(2)	Other assets		X
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		X
d	If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer) is based on all information furnished by taxpayer.

**Sign
Here**

Signature of officer or trustee

Date _____

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature _____

GREGORY M. LOMAZZI

Firm's name ▶ MOHLER, NIXON & WILLIAMS

Firm's address ▶ 635 CAMPBELL TECHNOLOGY PARK
CAMPBELL, CA 95008-5071

BAA

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization

GILEAD FOUNDATION

Employer identification number

20-1042419

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

GILEAD FOUNDATION

20-1042419

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 5,009,779.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GILEAD FOUNDATION

20-1042419

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

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

BAA

Name of organization

GILEAD FOUNDATION

Employer identification number

20-1042419

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10)**organizations that total more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entryFor organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once See instructions)

► \$ N/A

Use duplicate copies of Part III if additional space is needed

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

GILEAD FOUNDATION

20-1042419

STATEMENT 1
FORM 990-PF, PART I, LINE 16A
LEGAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	\$ 10,650.			\$ 10,650.
TOTAL	\$ 10,650.	\$ 0.		\$ 10,650.

STATEMENT 2
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT & TAX SERVICES	\$ 14,655.			\$ 14,655.
TOTAL	\$ 14,655.	\$ 0.		\$ 14,655.

STATEMENT 3
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	\$ 550.	\$ 550.		
LICENSES AND FEES	160.			\$ 160.
	50.			
SECRETARY OF STATE FILING FEE	20.			20.
TOTAL	\$ 780.	\$ 550.		\$ 180.

STATEMENT 4
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HOWARD JAFFE 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	PRES & CHAIRMAN 5.00	\$ 0.	\$ 0.	\$ 0.
GREGG ALTON 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	DIRECTOR 0	0.	0.	0.

GILEAD FOUNDATION

20-1042419

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
AMY FLOOD 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	SECRETARY 1.00	\$ 0.	\$ 0.	\$ 0.
ANDREW CHENG 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	TREASURER 0	0.	0.	0.
JIM MEYERS 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	DIRECTOR 0	0.	0.	0.
COY STOUT 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	DIRECTOR 0	0.	0.	0.
MICHAEL WULFSOHN 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

2011- Grants Paid

Entity Name Organization Name	Description Project Title	Amount Granted	Address 1	Address 2	City	State	Zip
Fundación VIHDA	HIV Testing in Day Clinic	\$ 25,000 00	Luis Urdaneta 208 y Cordova		Guayaquil, Ecuador	n/a	
West Alabama AIDS Outreach, Inc	Rural Testing Services	\$ 25,000 00	2720 6th Street		Tuscaloosa	AL	95401
Global AIDS Interfaith Alliance	Mobile Health Clinics	\$ 25,000 00	900 Larkspur Landing Circle	Suite 155	Larkspur	CA	94939
Grassroot Soccer, Inc	VCT Tournaments	\$ 25,000 00	198 Church Street		Norwich	VT	5055
Natural Resources for Preparing, Educating and Changing Environments, Inc (N'R Peace)	Enhance Current Linkage to Care	\$ 25,000 00	3201 Gen De Gaulle	Suite 201 Taramani Chennai 600 113, Tamil Nadu India	New Orleans	LA	70114
YRG Care	Chennai ART Symposium 2011	\$ 10,000 00	Voluntary Health Services			n/a	
Fundación Marco Antonio	HIV Testing Initiative	\$ 20,000 00	8 Calle 5-46 Zona 4	Guatemala	Guatemala City, Guatemala	n/a	
AIDS Healthcare Foundation	HIV Prevention, ART Treatment and Care Programs (March 2011 payment)	\$ 1,000,000 00	6255 W Sunset Blvd	21st floor	Los Angeles	CA	90028
Healthcare for the Homeless - Houston	Houston Outreach Medicine, Education and Social Service (HOMES) Clinic	\$ 50,000 00	2505 Fannin		Houston	TX	77002
Metro TeenAIDS	Making Proud Choices	\$ 100,000 00	651 Pennsylvania Ave SE		Washington	DC	20003
University of Hawaii	SEARCH Regional HIV/AIDS Training Program Operation and Implementation Evaluation of a Streamlined Post Exposure Prophylaxis Kit in Eastern	\$ 75,000 00	3675 Kilauea Ave	Young Bldg 5th Floor, Leahi Hospital	Honolulu	HI	96816
Global Strategies for HIV Prevention	Democratic Republic of Congo and Liberia	\$ 50,000 00	104 Dominican Drive		San Rafael	CA	94901
HIV Medicine Association (HIVMA) of Infectious Diseases Society of America (IDSA)	Minority Clinical Fellowship Award Program	\$ 100,000 00	1300 Wilson Blvd	Suite 300	Arlington	VA	22209
Yale University School of Medicine	Community Health Care Van (CHCV) - Year 4	\$ 150,000 00	135 College Street	Suite 323	New Haven	CT	6510
Yale University School of Medicine	Confronting XDR-TB and HIV in Rural South Africa	\$ 200,000 00	135 College Street	Suite 323	New Haven	CT	6510

2011- Grants Paid

Entity Name Organization Name	Description Project Title	Amount Granted	Address 1	Address 2	City	State	Zip
The Research Foundation of State University of New York	Brooklyn Free Clinic	\$ 20,000 00	35 State Street		Albany	NY	12207
Asian Pacific Health Care Venture, Inc	B-Hep Free	\$ 30,000 00	1530 Hillhurst Ave	Suite 200	Los Angeles	CA	90027
Ragon Institute at Massachusetts General Hospital	Umnnden Family Care Program in South Africa	\$ 75,000 00	PO Box 414876		Boston	MA	2241
Holy Name Hospital Asian Liver Center	Hepatitis B Awareness Campaign in Bergen County	\$ 75,000 00	718 Teaneck Road		Teaneck	NJ	7666
New York University School of Medicine	NYU-Kenya HIV Training Program (Bomu Clinic)	\$ 100,000 00	545 First Avenue	GBH-SC1-81	New York	NY	10016
Association of Asian Pacific Community Health Organizations (AAPCHO)	Hepatitis B Policy Fellowship Year 3	\$ 150,000 00	300 Frank H Ogawa Plaza	Suite 620	Oakland	CA	94612
Asian American Health Coalition (AAHC of the Greater Houston Area) - HOPE Clinic	HOPE Clinic - To B Free Houston	\$ 50,000 00	7001 Corporate Drive	Suite 120	Houston	TX	77036
AIDS Alabama	Emergency Tornado Relief to Assist Alabama's HIV-Positive Persons and Their Families	\$ 15,000 00	3521 7th Avenue South		Birmingham	AL	35222
West Alabama AIDS Outreach, Inc	6-Month Intensive Tornado Relief Plan for WAAO Clients	\$ 15,000 00	2720 6th Street		Tuscaloosa	AL	35401
Mount Sinai Medical Center	Hepatitis Outreach Network (HONE)	\$ 100,000 00	1468 Madison Avenue	Annenberg Bldg, Room 21-42	New York	NY	10029
University of Alabama School of Social Work	Scholarships for HIV/AIDS Social Work Internships	\$ 25,000 00	203 Rose Administration Bldg	Box 870100	Tuscaloosa	AL	35487
St Vincent Foundation	Hepatitis B Education, Screening, and Linkage to Care	\$ 99,500 00	2200 W Third Street	Suite 200	Los Angeles	CA	90057
Free Medical Clinic of Greater Cleveland	HIV Early Intervention Program (EIP)	\$ 25,000 00	12201 Euclid Avenue		Cleveland	OH	44106
Global Alliance to Immunize Against AIDS (GAIA)	HOPE Center Clinic	\$ 30,000 00	145 Clifford Street		Providence	RI	2903
Asian Health Services (AHS)	Hepatitis B Screening and Education for Asian Pacific Islanders	\$ 50,000 00	818 Webster Street		Oakland	CA	94607
AIDS Healthcare Foundation	HIV Prevention, ART Treatment and Care Programs (September 2011 payment)	\$ 1,000,000 00	6255 W Sunset Bl	21st floor	Los Angeles	CA	90028
AIDS Foundation Houston	Wall Talk Program	\$ 50,000 00	3202 Wesleyan		Houston	CA	77027

2011- Grants Paid

Entity Name Organization Name	Description Project Title	Amount Granted	Address 1	Address 2	City	State	Zip
South Carolina HIV/AIDS Council (SCHAC)	Test and Treat Model	\$ 100,000 00	1115 Calhoun Street		Columbia	SC	29201
Mt Sinai School of Medicine	Recognition of HIV Related Kidney Disease in Kenya (Bridge Funding)	\$ 10,000 00	1 Gustave L Levy Place	Box 1243	New York	NY	10029
Yale University School of Medicine	HAVEN Free Clinic	\$ 70,270 00	367 Cedar Street		New Haven	CT	6510
Vermont CARES (Committee for AIDS Resources, Education & Services)	Emergency Assistance for Vermonters with HIV/AIDS Affected by Hurricane Irene	\$ 15,250 00	PO Box 5248		Burlington	VT	5402
AIDS Care & Educational Services Inc	Hurricane Relief Assistance	\$ 18,000 00	805-F N 4th Street		Wilmington	NC	28401
Stanford University	Stanford/Rwanda HIV Clinical Research Mentoring Program	\$ 175,000 00	300 Pasteur Drive	Room S-156 Grant Bldg	Stanford	CA	94305
Project Sunshine	Project Sunshine Kenya	\$ 50,000 00	108 W 39th Street	Suite 725	New York	NY	10018
Accordia Global Health Foundation	2011 Celebration of Partnership Event	\$ 25,000 00	1101 14th Street NW	Suite 801	Washington	DC	20005
Elizabeth Glaser Pediatric AIDS Foundation	Community Initiative	\$ 100,000 00	1140 Connecticut Avenue NW	Suite 200	Washington	DC	20036
Daly City Health Services (Chinese Hospital Association)	An Integrated Hepatitis B Program for the San Francisco/San Mateo Chinese Community	\$ 46,960 00	93 Skyline Plaza		Daly City	CA	94015
Yale University School of Medicine	Yale International Clinical Electives/Supporting Global Health Education at Yale School of Medicine	\$ 200,500 00	PO Box 208047		New Haven	CT	6510
University of California, San Diego	HEP B Free San Diego (Viral Hepatitis Project)	\$ 50,000 00	9500 Gilman Drive	#8413	La Jolla	CA	92093
Communities in Schools of Chicago	HIV/AIDS Prevention Initiative	\$ 75,000 00	815 West Van Buren Street	Suite 300	Chicago	IL	60607
Accordia Global Health Foundation	Gilead Infectious Disease Research Training Program - Sewankambo Postdoctoral Fellowship Program	\$ 225,000 00	1101 14th Street NW	Suite 801	Washington	DC	20005
Total Grants Paid in 2011		\$ 4,950,480 00					

Gilead Foundation
 FEIN 20-1042419
 Form 990-PF, Part XV, line 3b
 Attachment 2

Grants Approved in 2011 for future payment

Entity Name Organization Name	Description Project Title	Amount Granted	Address 1	Address 2	City	State	Zip
Sahaya International, Inc	HIV Care and Support Program in Rural India and HIV Awareness Program of the Deaf in Kenya		2949 Portage Bay \$20,000 Ave	#195	Davis	CA	95616
University of North Carolina, Chapel Hill	HIV Care in Malawi Gilead Training Fellowship		Campus Box \$88,667 7030	130 Mason Farm Road	Chapel Hill	NC	27599
Amsterdam Institute for Global Health and Development (AIGHD) [UPDATE: this was actually granted to Academic Medical Center of the University of Amsterdam (AMC) on behalf of AIGHD]	Building Specialized Health Care Capacity		Melbergdreef 9, \$150,000 1105 AZ	Amsterdam	The Netherlands	n/a	
University of California, San Francisco	Health Professional Students and Free Medical Clinics		1855 Folsom \$100,000 Street	Box 0897	San Francisco	CA	94143
Total Grants Approved in 2011 for future payment		\$336,667					

**GILEAD FOUNDATION
EIN: 20-1042419
ATTACHMENT TO 2011 FORM 990-PF**

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee:

NAME. Fundacion Marco Antonio

ADDRESS: 8 Calle 5-46 Zona 4
 Guatemala City, Guatemala

(2) Date Paid:

January 28, 2011 (grant agreement executed in 2010)

(3) Total Paid:

\$20,000

(4) Purpose:

To expand existing HIV testing initiatives along with pre and post test counseling in Guatemala City.

(5) Amount of Grant Spent by Grantee:

Budget reconciliation was received on November 15, 2011, indicating that all funds were expended during the grant implementation period.

(6) Diversion:

To the knowledge of the foundation, no part has been used for other than its intended purpose.

(7) Date of Report(s) Received from Grantee:

Final report and budget reconciliation were both received on December 15, 2011.

(8) Verification:

The final report provided sufficient detail and indicated anticipated outcomes were achieved. The budget reconciliation indicated that funds were used appropriately for program implementation.

**GILEAD FOUNDATION
EIN: 20-1042419
ATTACHMENT TO 2011 FORM 990-PF**

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee:

NAME: Fundación VIHDA
ADDRESS: Luis Urdaneta 208 y Cordova
Guayaquil, Ecuador

(2) Date Paid:

January 7, 2011 (grant agreement executed in 2010)

(3) Total Paid:

\$25,000

(4) Purpose:

Funds will support Fundación VIHDA to expand existing HIV testing initiatives and community outreach in Guayaquil, Ecuador.

(5) Amount of Grant Spent by Grantee:

Budget reconciliation was received on March 26, 2012, indicating that all funds were expended during the grant implementation period.

(6) Diversion:

To the knowledge of the foundation, no part has been used for other than its intended purpose.

(7) Date of Report(s) Received from Grantee:

Final report and budget reconciliation were both received on March 26, 2012.

(8) Verification:

The final report provided sufficient detail and indicated anticipated outcomes were achieved. The budget reconciliation indicated that funds were used appropriately for program implementation.

GILEAD FOUNDATION
EIN: 20-1042419
ATTACHMENT TO 2011 FORM 990-PF

STATEMENT REQUIRED BY REG. §53.4945-5(d)

INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

(1) Grantee:

NAME: YRG Care (Y.R. Gaitonde Center for AIDS Research and Education)

ADDRESS: Voluntary Health Services
Taramani Chennai 600 113
Tamil Nadu, India

(2) Date Paid:

January 28, 2011 (grant agreement executed in 2010)

(3) Total Paid:

\$10,000

(4) Purpose:

To support YRG Care at the January 2011 Chennai ART Symposium, a meeting of clinicians and researchers to discuss the latest clinical guidelines on the management of HIV, as well as research on ART, resistance and drug toxicities.

(5) Amount of Grant Spent by Grantee:

Budget reconciliation not yet received - it is anticipated that the full grant amount has been used to support expenses associated with the 2011 Chennai ART symposium.

(6) Diversion:

To the knowledge of the foundation, no part has been used for other than its intended purpose.

(7) Date of Report(s) Received from Grantee:

Final report not yet received.

(8) Verification:

Report on usage of funds not yet received; expectation is that funds were used appropriately for program implementation.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒● 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**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***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	GILEAD FOUNDATION	20-1042419
	Number, street, and room or suite number. If a P.O. box, see instructions	
	333 LAKESIDE DRIVE	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
FOSTER CITY, CA 94404		

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● The books are in the care of ► GILEAD SCIENCES (TAX DEPT)Telephone No. ► 650-522-5036 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 will cover.**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 2008 or
► ☐ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	209.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	781.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2008)