



# 2005 **AIDFORAIDS** ANNUAL REPORT



AID FOR AIDS

AID FOR AIDS International, is committed to improving the quality of life of people living with HIV/AIDS (PLWHAs) in developing countries and who are immigrants to the United States of America. We work to empower PLWHAs, their caregivers, and the community at large by providing access to medications, health education, HIV prevention strategies and advocacy, and by promoting leadership and capacity building for individuals and organizations.

## Letter from the President and Executive Director

2005 was truly an extraordinary year for Aid for AIDS International, Inc. We were able to realize growth and qualitative improvements in programmatic areas, foster a greater sense of unity in our staff, and achieve noteworthy fundraising successes, including around diversifying income sources. The following pages of this report describe many of these accomplishments.

AFA is unquestionably in an expansion mode. In fact, we are among a small handful of United States-based AIDS nonprofits that continues to extend the reach of our services. Clearly, our mission to provide healthcare assistance for populations that are among the poorest and most underserved both domestically and internationally has particular relevance in today's struggle against HIV and AIDS.

AFA's most important achievements in 2005 were again in programmatic areas. We continued to make saving as many lives as possible through the distribution of rescued HIV medications our utmost priority. Not only did we collect and ship more antivirals and other medications than in previous years, but we also made excellent progress in planning for further growth of this core service. Thanks to an extremely generous donation from Joe Blount, AFA was able to hire a new staff member at the end of 2005 to begin our first truly formal outreach effort aimed at informing healthcare providers and PLWHAs across the United States of their ability to make drug donations. We fully expect that these intensified efforts on behalf of AFA's AIDS Treatment Access Program will quickly result in countless more lives being saved.

We have also attempted to once again leverage our admittedly limited resources to affect improved medical opportunities for the millions of PLWHAs in the developing world who are still without essential treatments. AFA remains committed to empowering others to become leaders in the fight against HIV and AIDS in their own countries, particularly to affect more just public health policy. This past year our efforts to foster treatment advocacy

capabilities within many Caribbean and Latin American nations only accelerated. Thanks to major support from Pfizer Inc., AFA was able to sponsor a truly groundbreaking Central and South American regional activist networking meeting in San Salvador at which we helped to inaugurate a brand new regional coordinating entity for these civil society members. AFA anticipates that the new group will make a profound impact on the lives of countless individuals.

Another recurring focus of AFA's in 2005 was to help stem the spread of HIV in developing countries. This year, AFA initiated plans to substantially expand our initiative to teach underserved and at risk teenagers throughout the Caribbean and Latin America about the dangers of and how to avoid HIV infection. Already one million youth under 25 years of age in these regions are living with HIV, and many more become infected each day. AFA is driven to address this public health tragedy. During the past 12-months, our HIV prevention initiative trained 50 youth in Venezuela on how to convey vitally important HIV prevention information for other teenagers. They in turn delivered the essential message to 1,462 high school students. Thanks to major grant commitments from the Bill & Melinda Gates Foundation and the M·A·C AIDS Fund in the latter months of 2005, our HIV prevention focus will further undergo a radical expansion in 2006.

This past year, we also had the opportunity to conduct several entirely new health promotion initiatives in the Caribbean and Latin America, one of which was sponsoring Colombia's first ever World AIDS Day. Local officials from the Cali region and Colombia's health ministry supported AFA's efforts to present important HIV prevention and healthcare messages to over 2,000 youth on December 1, 2005.

On other matters, AFA was greatly challenged this past year by an urgent need to enhance our administrative capabilities so that we could meet an ever more demanding programmatic agenda. Part of AFA's planning for this reality included holding our first ever



staff retreat in May 2005. Fifteen representatives from the various agency offices convened for three days in Upstate New York to address a host of impending programmatic and administrative challenges. Through it we have made tremendous progress on standardizing AFA's approach to program operations, including to enhance internal and external reporting functions.

Likewise, restraining growth in non-programmatic costs as our administrative requirements become more onerous represented an important ongoing consideration throughout 2005. We can report on good success on this effort as well.

None of AFA's programmatic or administrative advances would have been possible without significant additional income generated last year. The enclosed audit report shows that AFA not only achieved substantial growth in our gross revenues. If this trend continues, which we expect to happen, AFA will have successfully achieved a degree of operating stability that had previously been identified by our Board as a core strategic priority. In addition to the Bill & Melinda Gates Foundation grant mentioned above, several new prominent donors recognized AFA's uniquely

beneficial role in the lives of HIV-positive individuals both within and outside of the United States during 2005, including The Paul Rapoport Foundation and The New York Community Trust.

Equally as important as our fundraising success in 2005 was the invaluable contribution of a great many volunteers. Never before have so many individuals given of their time, talents, and hearts to AFA's mission. We want to take this opportunity to express our profound gratitude to these many individuals. Not even half of our accomplishments in 2005 would have been possible had it not been for their support.

Finally, while all of us at AFA are confident in our ability to maintain the new, higher level of programmatic deliverables, we recognize that it may be near impossible to replicate the growth in services and operating income in 2006. Nonetheless, AFA's Board, staff, and volunteers remain firmly committed to our cause, and we collectively promise to sustain our focus on helping even more PLWHAs within and outside of the United States to access and make successful use of essential healthcare opportunities.

  
Maria Eugenia Maury-Arria  
President

  
Jesus Agúais  
Executive Director





# Core Programs

## **AIDS TREATMENT ACCESS PROGRAM**

The AIDS Treatment Access Program (ATAP) medical team is in constant communication with foreign medical staff, confirming that the right drugs are getting to the right people. Through ATAP, we make sure that the clients with the greatest need get the proper medications. Once medication has been collected, ATAP redistributes it to those who need it most but cannot afford it.

The main goal of ATAP is to improve the quality of life for people living with HIV and AIDS in developing countries. The ATAP is designed to provide health-care providers and PLWHA with access to medications and resource management.

ATAP sends medications directly to individuals every month; AFA tracks each ATAP client and monitors his/her progress in disease suppression, in order to minimize the chance that these medications will be sold on the black market.

By the end of 2005, more than 2,500 people, in 35 countries, had received more than \$25 million worth of recycled medications from AFA.

## **RECYCLING PROGRAM**

For people living with HIV and AIDS (PLWHA), finding the medicine that works best for them can be a process of trial and error. It is illegal to share prescription medications in the US, so millions of dollars worth of leftover drugs are thrown away each year.

AID FOR AIDS collects and sorts these leftover drugs, discards the expired ones and stores viable medication. This 'recycled' medication is then sent to people in developing countries who have no access to treatments.

In 2005, AFA rescued over \$4 million worth of HIV medicines in the US that would have otherwise been destroyed. Yet, this is less than 5% of the HIV drugs thrown away annually nationwide.

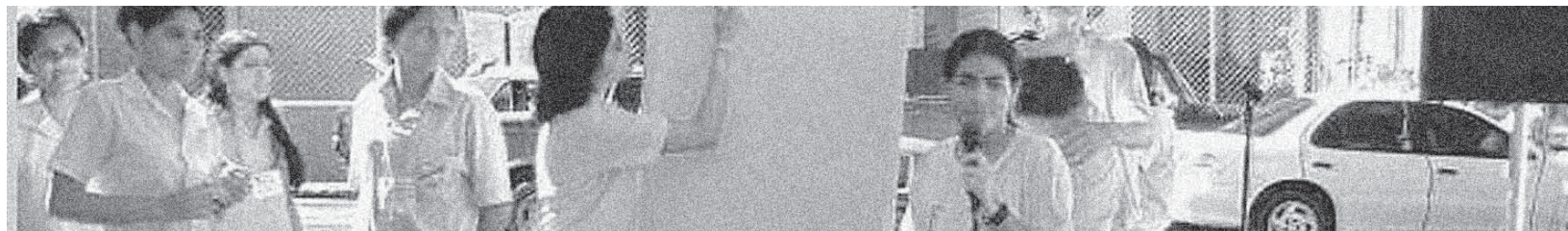
All medicine comes from either individuals that switch therapies, their health providers, or non profits who collect the medications for AFA, through our Drop-Off Program.

## **THE NEW YORK IMMIGRANT AIDS LINK**

The New York Immigrant AIDS Link Program (NYIAL) provides supportive/social services to immigrants living with HIV/AIDS. Many immigrants living with HIV do not have access to information regarding health care issues which makes it difficult for them to maintain a descent quality of life. Immigrants encounter several challenges such as adjusting to a new environment, language barriers and cultural differences. The program assists clients in overcoming these issues in a confidential and non-judgmental environment.

NYIAL serves hundreds of immigrants living with HIV/AIDS in New York City. The program provides case management, treatment education, support groups, translation services, HIV/AIDS Peer education trainings and individual and group counseling. These services are essential in providing comprehensive HIV/AIDS care.

The New York Immigrant AIDS Links(NYIAL)program refers individuals living with HIV/AIDS to the adequate support systems within the community. The program is committed to promoting self-sufficiency and empowering immigrants living with HIV/AIDS. We provide our participants with the coping skills necessary to function effectively and efficiently in the American society.





## **CUANTO SABES DE VIH Y SIDA**

¿Cuánto Sabes de VIH y SIDA? (How Much Do You Know About HIV ) is an innovative peer primary prevention program for youth in Latin America and the Caribbean. We train high school students to teach other youth about the risks of HIV in their lives and communities and strategies to prevent the spread of HIV. In the process, our Peer Educators become community leaders in the fight against AIDS.

The primary goal of the program is to increase knowledge about HIV prevention as well as enhance self-efficacy and self-confidence, among youth, ages 13 to 19, living in regions of high incidence of HIV in Latin America and the Caribbean to reduce the transmission of the virus. Our program methodology aims to instruct youth in the communication strategies of Neuro-Linguistic Programming and the “life skills” outlined by the Pan American Health Organization and recognized internationally as a priority for promoting school health. We recognize a great need for prevention education as well as empowerment and community mobilizing to fight the AIDS epidemic in this region.

¿Cuánto Sabes de VIH y SIDA? was developed in 2004 by the Program Director based in Caracas, Venezuela, along with the collaboration of the original Peer Educators. These first Peer Educators gave workshops in schools across Caracas and dramatically increased the knowledge of their peers by 45%.

## **ADOVOCACY PROGRAM**

“Advocacy” is the act of promoting, spreading or defending a certain cause in a systematical, planned way and with direct participation from the affected persons. The purpose is to generate changes in politics, norms, attitudes and social practices that affect certain communities and/or minority populations.

In the case of persons living with HIV and AIDS, advocacy is a tool to improve the quality of life, through the promotion of social and political changes within their environment.

AID FOR AIDS International (AFA) uses advocacy, as part of their mission and in the development of their programs. It is understood that no assistance or support program is sustainable if social and structural changes are not generated.

Through the years, AFA has forged alliances with different organizations, groups and cooperating agencies, predominantly in the countries where we have a physical presence- through our local satellite offices (Chile, Dominican Republic, Panama, Peru and Venezuela) as well as on a global scale (both regional and global).

The goal of the Department of Advocacy is to identify, construct and strengthen the capacities of the persons living with HIV, so that they can develop and defend their own agenda, in response to the epidemic of HIV and AIDS.

Our work ranges from understanding political dialogue and generating public conscience, to strengthening organizations and/or groups of PLWHA in Latin America and the Caribbean.





## AIDS Treatment Access Program

AFA was founded to meet an urgent need by people living with HIV/AIDS (PLWHAs) in Latin America for effective therapeutic options to thwart HIV replication. The agency's first and still largest service is its AIDS Treatment Access Program (ATAP), which recycles HIV medications that would otherwise be discarded by patients in the United States so that they can be used by individuals in the developing world. This initiative achieved some noteworthy accomplishments in 2005.

The ATAP sent nearly \$3.2 million worth of antiretroviral medications to 315 clients in 25 countries during 2005. Other medications and medical supplies of significant additional value, including important prophylaxis treatments that are prohibitively expensive for our clients, such as Bactrim and fluconazole, were also contributed to AFA this year and, in turn, shipped abroad. Donations of unused medications during 2005 were made by 271 individuals and 121 clinics, hospitals and community-based organizations in 43 states. Despite our impressive performance collecting a large quantity of antiretrovirals, 60 PLWHAs remained on the ATAP wait list as of December 31st. AFA could not enroll these additional individuals because we did not have at least a three-month supply of their required HIV drugs on hand, nor could we make the necessary indefinite commitment to provide all components of their regimen.

AFA staff continued to implement rigorous patient enrollment and monitoring procedures for the ATAP in 2005 to ensure that clients were in fact using and benefiting from their AFA-supplied medications. We remained firmly committed to the principle that donated antivirals not be wasted or resold. As has always been the case, drugs were only sent to clients upon receipt of a completed application, a copy of his or her CD4 cell count test, and a doctor's prescription. We also continued to follow our longstanding policy of working closely with physicians outside of the United States to ensure that each client received the semi-annual CD4 cell count and viral load tests needed to assure that the medications were being used properly and were suppressing viral replication.

Also of importance, AFA staff in New York continued to work closely with both ATAP clients and their care providers on a quarterly basis to monitor whether each individual's treatment regimen remained appropriate for their needs, and to help PLWHAs work through side

effects and adherence issues in order to attain maximum benefit from their AFA-provided medications.

2005 represented a watershed period for ATAP. It was the first time in the agency's nearly 10-year history that we were able to hire an employee specifically to conduct outreach for new medication donors. One extremely generous individual is paying for this new position. Even though AFA is by far the largest recycler of unused HIV medications in the United States, if not the world, the amount of drugs we currently rescue is likely less than 5% of antiretrovirals needlessly discarded. Although AFA is increasing the amount of drugs collected for shipment to PLWHAs abroad - whatever quantity we end up distributing will still only be a small fraction of what is wasted. Our new ATAP outreach employee was just hired in the last months of 2005. Yet, he had already realized the following accomplishments by year's end:

- Coordinated the creation of a multi-faceted promotional campaign called "Be A Hero," to more effectively communicate the purpose of ATAP and how people can make medication donations. This campaign utilizes several forms of media to disseminate information, from the Internet to more traditional direct mail appeals so that it reaches a large cross-section of potential drug donors.
- Developed and implemented systems to better track drug donations so that AFA can more readily identify individuals or organizations that can quickly supply us with specific antiretrovirals if, for whatever reason, a particular drug is urgently needed.
- Identified 277 infectious diseases physicians in the New York Metropolitan area who can collaborate with AFA on collecting medications when their patients change drug regimens or take "drug holidays."
- Identified 60 healthcare-related nonprofits in the New York Metropolitan area that could also collaborate on directing surplus medications to ATAP.
- Already presented on ATAP and the various ways to donate medications to 12 of these physicians and nonprofits.





Finally, for the first time in our history, AFA began collecting unused HIV medications within Latin America itself for shipment to PLWHAs in urgent need of these therapies elsewhere. This new initiative operates in Brazil where the government has made anti-retrovirals available to all PLWHAs. Like in the United States, AFA's goal is to rescue as many unused medications as possible from PLWHAs in Brazil who have no choice but to switch or go off their drug regimens so that they aren't needlessly wasted. AFA's new Brazilian initiative has so far enabled us to serve 10 additional clients in the Caribbean.

## Technical Assistance Treatment Advocacy Initiative

A central AFA principle is to help empower PLWHAs and the global AIDS community as a whole to advocate for their treatment needs and to pressure governments to adopt more responsible and just healthcare policies, particularly with regard to providing access to HIV medications. The ATAP enrollment criteria that prioritizes PLWHAs who are actively trying to influence public health policy for receiving drugs is just one example of this principle in practice. Another such example is AFA's technical assistance service founded in 2004 to teach individuals, nongovernmental organizations (NGOs), and AIDS service organizations how to become more successful at influencing legislation that improves HIV healthcare opportunities for their local populations. One catalyst for establishing this new initiative is AFA's concern that PLWHAs outside of the United States do not have enough say when countries decide how to use multimillion-dollar grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Nor are they afforded sufficient oversight to ensure that countries fulfill their commitments for use of these monies.

During 2005, AFA built on this initiative in several crucial ways. Probably the most noteworthy accomplishment by our Advocacy

Department during the year was its major push to establish an umbrella coordinating body to oversee and advise on Global Fund activities throughout the Caribbean and Latin America. Thanks to major support from Pfizer Inc., AFA was able to begin this initiative by sponsoring a two-day planning session in San Salvador at which the mission and structure of this new entity was defined. 71 participants from 42 Caribbean and Latin American NGOs operating in 16 countries attended this meeting in November, and AFA received the unanimous approval by those present to become the group's first managing partner.

Individual technical assistance efforts to train HIV treatment advocates also continued throughout the year, although this aspect of AFA's program had admittedly taken somewhat of a backseat to our work on establishing the Global Fund monitoring group for Caribbean and Latin American grants.





## New York Immigrant AIDS Link (NYIAL)

Over the years, AFA has become a trusted AIDS service provider throughout the developing world, and individuals from these areas have increasingly sought out our help upon their arrival in the United States. In 2001, AFA formally established direct client services at our New York City headquarters to fulfill requests by HIV-positive immigrants for assistance with a variety of needs. NYIAL is a vital initiative because such a large proportion of our local HIV positive population is believed to be immigrants to the United States, the vast majority of who are also of very low income. In fact the New York City Department of Health and Mental Hygiene reports that 23% of new HIV cases locally in 2004 were in foreign born persons. Yet, very few nonprofits offer services for this specific population.

NYIAL provides its clients with culturally appropriate HIV health and treatment education, semi-monthly support groups, and referrals to vitally important healthcare, housing, education, employment and immigration services at other well-respected nonprofits citywide. These various NYIAL services also thrived during 2005.

The program served 130 individuals in 2005, significantly more than in the prior year. Each of these clients received tailored assistance to his or her specific needs and circumstances. Slightly over 500 counseling sessions were offered to NYIAL clients in addition to 18 support group sessions. Some clients continued to rely on AFA's help throughout the year, while others had all of their requirements met in a relatively short period of time. AFA collaborated with multiple nonprofits in the Bronx, Manhattan, and Queens on this initiative during the past year. Fortunately, AFA can also report that it received two new institutional awards, one each from The New York Community Trust and The Paul Rapoport Foundation to further expand NYIAL's reach to even more immigrants in need of assistance during 2006.

AFA began a new pilot initiative for immigrants in New York City at the request of the Mexican Consulate during 2005 to offer HIV prevention information along with access to free HIV testing for their constituents. Begun in April and operated in conjunction with St. Vincent's Hospital in Manhattan, this service was delivered at the Mexican Consulate in order to reach immigrants who would likely not otherwise hear critical prevention messages through any other means. On average, 125 Mexican immigrants in the New York tri-state region attended each of these half-day prevention education, testing, and counseling sessions. AFA's hope is to secure addition funding to continue and expand this new initiative in 2006.

## Special Programs at AFA's Offices Abroad

At the end of 2005 AFA operated four satellite offices, one each in Chile, the Dominican Republic, Peru, and Venezuela. Our staff at these locations once again actively pursued AFA's mission to affect positive changes in the delivery of healthcare to PLWHAs in each respective country. Their principle role in this effort was to promote awareness of AFA's services in their nations, to facilitate the transfer of medications to these indigenous populations, and to promote client access to necessary CD4 cell count and viral load diagnostic tests. Following are some accomplishments of these offices during the 12-months of 2005:

### Chile:

In addition to core treatment access assistance, AFA staff in Chile offered a variety of counseling services to PLWHAs as well as primary and secondary prevention education for adults. Counseling was mainly delivered by peers who have worked through many of the health and psychological issues of living with HIV. In 2005, 400 of these individual peer-provided sessions on HIV treatment and prevention issues were conducted with clients. Another 36 clients attended regular monthly support groups in AFA's Santiago office throughout the year. Finally, 20 clients received support from this office during 2005 to secure semi-annual CD4 cell count and viral load diagnostic tests.

### Dominican Republic:

AFA's staff in the Dominican Republic made great strides during 2005 to add a number of valuable services for PLWHAs and those at highest risk of HIV infection. They established a monthly support group for 15 clients, provided HIV adherence education sessions for 140 participants, and offered 450 secondary HIV prevention sessions. Our Dominican Republic office also helped 50 clients secure semi-annual CD4 cell count tests and another 15 clients to secure semi-annual viral load tests during this calendar year.

Notably, the Dominican Republic also served as the first location of a new AFA initiative in 2005 to begin training physicians in developing countries on basic principles for treating HIV patients. Staff from AFA's headquarters in New York along with our colleagues in







the Dominican Republic developed this new initiative during the latter half of 2005. AFA's Operations Director along with another physician from St. Vincent's Hospital in New York City traveled the Dominican Republic in November 2005 to educate 33 local physicians on country-specific/global HIV epidemiology, opportunistic infections, pathogenesis of HIV, primary care (including psychosocial aspects) for the PLWHA, antiretroviral treatments, pregnancy and HIV. Post-tests showed that these participants increased their knowledge of HIV standards of care by 11%. AFA's plan is to implement this program at our other satellite offices in 2006.

#### Peru:

AFA's staff in Peru provided significant counseling and support to help adults cope with the challenges of living with HIV during 2005. Treatment access and adherence, utilization of other beneficial supportive services, discrimination, disclosure, and self-esteem were some of the topics covered by both professional and peer counselors at 440 individual and group sessions.

Also, 49 clients in Peru were helped in securing semi-annual CD4 cell count and another 25 clients in securing viral load tests during this calendar year.

#### Venezuela:

The Venezuelan office is AFA's largest satellite location and has the most diverse roster of site-specific programs. One such initiative provides support for youth living with HIV. Recognizing that children with acute and chronic illnesses face unique psychological and socialization challenges at the most formative time in their lives, AFA staff in Venezuela long ago decided to dedicate some of their scarce resources to helping these individuals. The services within this initiative include specialized counseling so that children can become more comfortable with their different health circumstances along with a large number of educational, cultural, and entertainment activities to create a safe social environment in which our young clients can grow and mature. This program reached 128 children in 2005.

AFA's staff in Venezuela also provided 180 counseling sessions for adults to help them cope with the challenges of living with HIV and to learn about HIV primary and secondary prevention issues during 2005.

AFA's staff in Venezuela also made significant progress during 2005 in its relatively new HIV peer prevention and health education initiative targeting teenagers, called How Much Do You Know about HIV? This program, begun just last year, had initially trained 42 students how to teach their classmates about critical HIV health and prevention issues. These students were in turn able to convey this information to 1,463 other youth during 2005. Fortunately, results of pre- and post-test given to these many program participants showed an average 45% increase in their knowledge of HIV health and prevention topics, which is an important indicator of this program's effectiveness. Towards the very end of 2005, AFA learned that two major grants for a major expansion of this initiative would be forthcoming from the Bill & Melinda Gates Foundation and the M·A·C AIDS Fund.

Finally, 47 clients in the Venezuelan office received assistance in securing semi-annual CD4 cell count and viral load lab tests in 2005.





## Treasurer's Letter

AID FOR AIDS is very pleased to report on a substantially continued strengthening of our financial condition during 2005, making this our second consecutive year of such vital gains. The positive accounting presented on the following pages directly result from a new more rigorous approach to fiscal management instituted in 2004. Thankfully, we were able to end the year with our first ever meaningful cash reserve. While the agency had begun 2005 with just \$4,492 in the bank, we were able to accumulate a fund balance of \$169,397 by year's end. In total, real assets (excluding value of medications retained in house) rose to approximately \$287,000, or by nearly \$200,000 over 2004.

Clearly, this result would not have been possible without major successes in our fundraising efforts during the year. The agency realized a remarkable 99% growth in net income over 2004, with increases in support coming from virtually every giving category. AFA's continuing efforts to diversify income sources in order to promote the agency's long term stability has been paying off in very tangible ways.

Our advances in fundraising have fortunately in turn enabled AFA to radically expand programmatic activities this past year, something that is in part reflected in a 115% growth in expenses for agency operations. This follows a significant, 51% increase in agency expenses between 2003 and 2004. Fortunately, we were once again able to restrain development and administrative costs to just 5% of AFA's total operating outlays. Thus, our gains in financial capabilities are overwhelmingly being utilized to rapidly enhance services for our countless constituents both within and outside of the United States.

However, despite the significant improvement in AFA's financial condition, much more still needs to be done to promote the agency's operating stability for the next several years. As such, AFA's Board remains acutely aware of our need to further grow cash reserves so that all of our various interventions can continue uninterrupted regardless of temporary revenue shortfalls. We look forward to reporting on our progress with this objective in next year's Annual Report.



Alejandro Santo Domingo  
Treasurer



# Financial Summary 2005

## STATEMENT OF FINANCIAL POSITION AT DECEMBER 31, 2005 as follows:

### Assets

Cash and cash equivalents (Note 1b)	\$169,397
Unconditional promises to give (Note 1c)	
Unrestricted	15,000
Restricted	37,500
Prepaid expenses	12,901
Property and equipment, at cost, net of accumulated depreciation (Notes 1e and 3)	43,831
Security deposit	8,381

**Total Assets** **\$287,010**

### Liabilities and Net Assets

Liabilities	
Accounts payable	\$22,305
Commitment and Contingency (Note 4)	
Net Assets	
Unrestricted	159,604
Temporarily restricted (Note 2)	105,101
Total Net Assets	264,705

**Total Liabilities and Net Assets** **\$287,010**

### Expenses

Program Services	3,637,260
Supporting Services	
Management and general	86,678
Fundraising	91,861
Total Supporting Services	178,539
Total Expenses	3,815,799
Increase in Unrestricted Net Assets	110,897

### Changes in Temporarily Restricted Net Assets

Contributions	105,101
Increase in Net Assets	215,998
Net assets, beginning of year, as previously reported	1,526,052
Prior period adjustment (Note 7)	(1,477,345)
Net assets, beginning of year, as restated	48,707

**Net Assets, End of Year** **\$ 264,705**

## STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2005

### Changes in Unrestricted Net Assets

Revenues and Support	
Contributions	\$ 346,176
Donated medicine (Note 1d)	3,176,149
Benefit income	459,271
Less: Direct benefit expense	(54,900)

**Total Revenues and Support** **\$3,926,696**

The consolidated statement of financial position of AID FOR AIDS International, Inc. as of December 31, 2005 and related statements of activities and changes in net assets, and of cash flows were audited by Lutz and Carr, LLP. The financial statements have been derived from the consolidated audited financial statements. Copies of the audit reports and complete consolidated financial statements are available on request to Jovino Guza 515 Greenwich Street Suite 506, New York NY 10019.

# 2005 Annual Report Donor List

## \$100,000 - \$150,000

Joseph Blount

## \$50,000 - \$99,999

Anonymous

Pueblo International LLC

## \$25,000 - \$49,999

Ambassador & Mrs. Diego Arria

Mr. & Mrs. Gustavo Cisneros Pfizer Inc.

Alejandro Santo Domingo Alejandro Tawil

## \$10,000 - \$24,999

Maria Cristina Anzola & John Heimann

HBO

Merrill Lynch

David Manuel Martinez

Andres Mata

Violy McCausland-Seve

Ambassador Jorge Pinto

Hispanics in Philanthropy

The Hispanic Federation

Bristol-Myers Squibb Virology

The Paul Rapoport Foundation

The Laura Spelman Rockefeller Fund of The New York Community Trust

## \$5,000 - \$9,999

Broadway Cares/  
Equity Fights AIDS

Clarissa & Edgar Bronfman, Jr.

Guillermo Cisneros

Oswaldo Cisneros

Gonzalo & Kathy de las Heras

Goldman Sachs/Alvaro Tafur

Agnes Gund

Lucent Technologies

MAC VIVA GLAM

William D. Rondina

Angel Sanchez &  
Christopher Coleman

## \$1,000 - \$4,999

Doris Ammann

Manuel & Corina Balbontin

Tony Bechara

Muriel Brandolini

Nuno Brandolini

Estrellita & Daniel Brodsky

The Campbell Foundation

Claudia Cisneros & Javier

Macaya

Andrew Clunn

Bob Colacello

Robert Couturier

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Glaxo Smith Kline

Dr. & Mrs. Irving Grauer

Valentin & Yaz Hernandez

Mrs. Randolph Hearst

Jeffrey LaHoste

Mario Lederman

Pierre Levai  
(Marlborough Galleries)

Mr. & Mrs. Alberto Mariaca

Pilar & Juan Pablo Molyneux

Pedro & Perla Mogna

Juan Montoya & Urban

Karlsson

Francis X. Morrissey

Nelson Ortiz

Tim Rosta

Mortimer Zuckerman

## \$500 - \$999

Elena Baranov

Sandra Barros

Victoria Benatar

John Bennet

Lois Blumka

Jaime Bonetti

Rosa Bramble-Weed

Albertina Cisneros

Karina Correa-Maury

Eli Curi

Yann de Rochefort

Henrique Faria

Tess Claudia Felfe

Lorna & Larry Graev

Nicholas Griffin

Mr. & Mrs. Reinaldo Herrera

Sylvana Kiss

Michele Leahy

Steven Linick

Don MacLeod

Michael Margitich

Anthony Marsibilio

Theresa Marsibilio

Luz Miriam

Jay Pagan

Juan Pascual

Vincencio Perez-Soto

Jean Poh

John B. Reinhold

Richard & Rona Roob

Jaime Roth

Scott Roth

Emilia Sherifova

Jose Solis

Lyllian Wylder

## \$300 - \$499

Jacob Alvarez

Kate Barry

Jason & Jennifer Denton

Susan Jaramillo

## less than \$300

Ana Cristina Alvarado

Warren Baker

Ms. Christina Barros

Christopher Benavides

Alejandra Bonetti

Vigdis Boulton

Christina Buesser

Gavin Burke

Mathew Cape

Alondra de la Parra

Jorge de Pablo

Richard Dorn

Mia Feldman

Lorena Fernandez

Viveca Garcia

John Gutfreund

Ann Koll

Sang Lee

Sasha Levy

Theresa Maja-Schultz

Michael Mandola

Nina Okun

Maria Parker

Lawrence Quirk

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Mr. David Roth

Anthony Heifara Rutgers

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Grant Stitt & Alan Shapiro

Gus Vianna-Biehler

Isabela Villanueva

Dr. & Mrs. John Xethalis

Karl Wellner

In-Kind Donors

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David Yurman

Oscar de la Renta

El Museo del Barrio

Emilio Sanchez Foundation

Michael Fergot

Food Bar

William S. Hooper

Inoteca

John Barrett Salon

Juicy Couture

Donald Kantorowicz

Beth Kimmerle

KREISS

Lattanzi Ristorante Italiano

Le Salon Day Spa

Louis Vuitton Moet Hennessey

M-A-C VIVA GLAM

Manhattan Color Studio

Marchon Eyewear

Wendy Meguid

Mitch Melder Massages

Juan Montoya

Museum of Modern Art

Pilar and Juan Pablo Molyneux

Neri Design Group

Old World Linens

Opening Ceremony, LLC

Gonzalo Papantonakis

Titina Penzini

Remy Toledo Gallery

Patricia Rincon

David Roth

Anrika Rupp

Ruzzetti & Gow

Dui Seid

Soho House

Suba

Takashimaya

Tanilu

Steven Wyeth

Vespa

Zipcar

## AIDS Walk Team Members

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Augusto Arosemena

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