

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">THE FOUNDATION FOR AIDS RESEARCH</div> <div style="border: 1px solid black; padding: 2px;">Doing business as AIDS RESEARCH FOUNDATION; AMFAR</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 WALL STREET, 13TH FLOOR </div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005-3908 </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">13-3163817</div>
	E Telephone number <div style="border: 1px solid black; padding: 2px;">212-806-1600</div>	
	G Gross receipts \$ 49,183,846.	
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.AMFAR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983
M State of legal domicile: NY		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH. (SEE SCHEDULE O)		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	75
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	42,216,134.	39,707,167.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	906,419.	628,771.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-14,039,846.	-15,490,142.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,082,707.	24,845,796.
14	Benefits paid to or for members (Part IX, column (A), line 4)	5,747,152.	4,204,529.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,557,110.	11,595,593.
b	Total fundraising expenses (Part IX, column (D), line 25) 6,158,125.	525,768.	546,678.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,110,216.	13,218,711.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,940,246.	29,565,511.
19	Revenue less expenses. Subtract line 18 from line 12	-4,857,539.	-4,719,715.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	50,719,163.	53,354,032.
22	Net assets or fund balances. Subtract line 21 from line 20	18,349,538.	19,540,426.
		32,369,625.	33,813,606.

Part II Signature Block

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

Sign Here	Signature of officer SHAWN DAVIDSON, CFO & COO	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MELISSA MODELSON	Preparer's signature MELISSA MODELSON	Date 08/06/25	Check if self-employed <input type="checkbox"/> PTIN P01603524
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 33-1374517		
	Firm's address 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Phone no. 914-381-8900		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒

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

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code:) (Expenses \$ 9,323,162. including grants of \$ 1,829,960.) (Revenue \$)

AMFAR SUPPORTS RESEARCH PROJECTS THAT EXPLORE NOVEL APPROACHES TO SCIENTIFICALLY SOUND, BUT UNTESTED HYPOTHESES IN MANY AREAS OF RESEARCH ON HIV/AIDS, WITH A PRIMARY FOCUS ON CURING HIV INFECTION. THE FOUNDATION PLAYS A VITAL ROLE IN HIV/AIDS RESEARCH, IDENTIFYING CRITICAL GAPS IN KNOWLEDGE AND PROVIDING ESSENTIAL SEED MONEY THAT ENABLES SCIENTISTS TO TEST THE MERITS OF NEW CONCEPTS OR TECHNOLOGIES, WHICH CAN SUBSEQUENTLY BE VALIDATED THROUGH LARGE-SCALE STUDIES. GRANTS AWARDED IN 2024 FOCUSED ON A RANGE OF STRATEGIES AIMED AT ACHIEVING A PRACTICAL, ACCESSIBLE, AND AFFORDABLE CURE FOR HIV. FOR FURTHER DETAILS, SEE SCHEULE O.

4b (Code:) (Expenses \$ 5,422,788. including grants of \$ 2,374,568.) (Revenue \$)**TREAT ASIA**

FOR NEARLY 25 YEARS, AMFAR'S TREAT ASIA PROGRAM (THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING IN ASIA) HAS BEEN WORKING WITH PARTNERS ACROSS THE ASIA-PACIFIC REGION TO EXPAND ACCESS TO TREATMENT FOR HIV AND RELATED CONDITIONS SUCH AS HEPATITIS C (HCV) AND IMPROVE STANDARDS OF CARE. THE TREAT ASIA NETWORK ENCOMPASSES 21 ADULT AND 18 PEDIATRIC SITES IN 12 COUNTRIES THROUGHOUT THE REGION, WHICH COLLABORATE ON A VARIETY OF PROJECTS. TREAT ASIA SCIENTISTS PUBLISHED 22 PAPERS IN PEER-REVIEWED MEDICAL JOURNALS IN FY2024.

4c (Code:) (Expenses \$ 3,747,325. including grants of \$) (Revenue \$)**PUBLIC INFORMATION**

AMFAR TRANSLATES AND DISSEMINATES INFORMATION ON IMPORTANT HIV-RELATED RESEARCH, TREATMENT, PREVENTION, AND POLICY ISSUES FOR DIVERSE AUDIENCES TO INCREASE AWARENESS AND KNOWLEDGE OF THE PANDEMIC. AMFAR PUBLISHES A WIDE RANGE OF EDUCATIONAL MATERIALS, MAINTAINS AN INFORMATIVE WEBSITE, AND ENGAGES RESPECTED PUBLIC FIGURES, SCIENTISTS, AND POLICYMAKERS IN COMMUNICATING THE NEED FOR CONTINUED RESEARCH TO DEVELOP NEW METHODS OF PREVENTION AND TREATMENT, AND A CURE FOR HIV.

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

(Expenses \$ 2,123,875. including grants of \$) (Revenue \$)**4e** Total program service expenses 20,617,150.Form **990** (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	119
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 75		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country THAILAND See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHAWN DAVIDSON - 212-806-1600
120 WALL STREET, 13TH FLOOR, NEW YORK, NY 10005-3908

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN FROST CHIEF EXECUTIVE OFFICER	40.00			X				646,627.	0.	125,342.
(2) BRADLEY JENSEN ASSISTANT TREASURER/CFO	40.00			X				296,502.	0.	82,342.
(3) KYLE CLIFFORD VICE PRESIDENT OF DEVELOPMENT	40.00				X			259,193.	0.	80,355.
(4) ANNETTE SOHN VICE PRESIDENT, TREAT ASIA	40.00				X			285,584.	0.	29,913.
(5) ANTHONY ANCONA VICE PRESIDENT OF HUMAN RESOURCES	40.00					X		213,915.	0.	77,150.
(6) SEBASTIAN GHEITH GENERAL COUNSEL, ASST SECRETARY	40.00			X				192,039.	0.	93,754.
(7) GREGORIO MILLET VICE PRESIDENT, PUBLIC POLICY	40.00				X			203,864.	0.	76,338.
(8) ANDREW MCINNES DIRECTOR, PUBLICATIONS	40.00					X		192,901.	0.	75,386.
(9) JAMES SHAKLEFORD VICE PRESIDENT PUBLIC INFORMATION, THRU AUG. 2024	40.00				X			227,281.	0.	30,490.
(10) BENNAH SERFATY SENIOR DIRECTOR OF COMMUNICATIONS	40.00					X		149,250.	0.	90,679.
(11) JOSEPH FERRERA DIRECTOR, PHILANTHROPY, THRU NOV. 2023	40.00					X		155,240.	0.	84,074.
(12) CHRISTOPHER FREDERICK SPECIAL EVENTS DIRECTOR	40.00					X		186,606.	0.	39,097.
(13) RONALD KIRK ASSISTANT TREASURER, CONTROLLER	40.00			X				121,084.	0.	16,465.
(14) ROWENA JOHNSTON FORMER ASST SEC, VP, RESEARCH	40.00						X	118,492.	0.	18,835.
(15) T. RYAN GREENWALT CO-CHAIR	1.00	X		X				0.	0.	0.
(16) KEVIN MCCLATCHY CO-CHAIR	1.00	X		X				0.	0.	0.
(17) ROBERT L. TRAYNHAM II SECRETARY	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONALD DYE TREASURER	1.00	X						0.	0.	0.
(19) AMY ANDELSON TRUSTEE	1.00	X						0.	0.	0.
(20) GLEN ISAACSON TRUSTEE	1.00	X						0.	0.	0.
(21) MICHAEL LORBER TRUSTEE	1.00	X						0.	0.	0.
(22) ANTHONY MANCILLA TRUSTEE	1.00	X						0.	0.	0.
(23) ARON MARQUEZ TRUSTEE	1.00	X						0.	0.	0.
(24) LARRY MILSTEIN TRUSTEE	1.00	X						0.	0.	0.
(25) CINDY RACHOFKY TRUSTEE	1.00	X						0.	0.	0.
(26) VINCENT A. ROBERTI TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								3,248,578.	0.	920,220.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,248,578.	0.	920,220.

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

24

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAFANELLI EVENTS MANAGEMENT INC, 361 NEWBURY STREET, 5TH FL, BOSTON, MA 02115	EVENT MANAGEMENT	1,057,785.
AAB PRODUCTIONS, INC., 64 ALLEN ROAD, 5TH FLOOR, NEW YORK, NY 10002	EVENT PRODUCTION	376,600.
SANKY COMMUNICATIONS, INC. 360 W 31ST ST., FL 6, NEW YORK, NY 10001	DIRECT MAIL/RESPONSE CONSULTANTS	350,654.
TODD EVENT DESIGN 1174 QUAKER STREET, DALLAS, TX 75207	EVENT PRODUCTION	276,893.
ART 2 CATERING, 2515 E ROSEMEADE PKWY, NO. 115, CARROLLTON, TX 75007	CATERING	240,465.

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

17

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	76,663.				
	b Membership dues	1b					
	c Fundraising events	1c	23,826,183.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,282,568.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,521,753.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 241,641.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,059,334.			1059334.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			218,807.			218,807.
	6 a Gross rents	6a	(i) Real 81,000.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	81,000.				
	d Net rental income or (loss)			81,000.			81,000.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 7,008,421.				
	b Less: cost or other basis and sales expenses	7b	7,438,984.				
	c Gain or (loss)	7c	-430,563.				
	d Net gain or (loss)			-430,563.			-430,563.
	8 a Gross income from fundraising events (not including \$ 23,826,183. of contributions reported on line 1c). See Part IV, line 18	8a	1,095,500.				
	b Less: direct expenses	8b	16,898,897.				
	c Net income or (loss) from fundraising events			-15803397.			-15803397
	9 a Gross income from gaming activities. See Part IV, line 19	9a	11,736.				
	b Less: direct expenses	9b	0.				
	c Net income or (loss) from gaming activities			11,736.			11,736.
	10 a Gross sales of inventory, less returns and allowances	10a	1,187.				
b Less: cost of goods sold	10b	169.					
c Net income or (loss) from sales of inventory			1,018.	1,018.			
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS INCOME		900099	694.			694.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			694.			
12 Total revenue. See instructions			24,845,796.	1,018.	0.	-14862389	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	753,499.	753,499.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,451,030.	3,451,030.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,888,802.	1,974,722.	398,831.	515,249.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,755,378.	3,708,784.	623,672.	1,422,922.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	373,945.	246,223.	41,815.	85,907.
9 Other employee benefits	2,034,855.	1,252,343.	347,146.	435,366.
10 Payroll taxes	542,613.	337,786.	68,531.	136,296.
11 Fees for services (nonemployees):				
a Management				
b Legal	77,137.	74,762.	1,826.	549.
c Accounting	143,666.		143,666.	
d Lobbying	100,000.	100,000.		
e Professional fundraising services. See Part IV, line 17	546,678.			546,678.
f Investment management fees	188,065.		188,065.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,063,355.	413,603.	161,449.	488,303.
12 Advertising and promotion	313,368.	243,087.	3,581.	66,700.
13 Office expenses	98,012.	52,028.	11,123.	34,861.
14 Information technology	221,099.	141,961.	32,572.	46,566.
15 Royalties				
16 Occupancy	1,746,754.	1,106,565.	263,341.	376,848.
17 Travel	1,230,786.	473,220.	3,184.	754,382.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	350,081.	335,926.	8,234.	5,921.
20 Interest	87,193.	55,237.	13,145.	18,811.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	457,755.	289,987.	69,011.	98,757.
23 Insurance	345,352.	218,780.	52,065.	74,507.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM MATERIALS	3,830,363.	3,830,363.		
b PROGRAM TECHNICAL SUPPO	600,712.	600,712.		
c SUBSCRIPTION & DUES	576,504.	367,683.	76,726.	132,095.
d POSTAGE	491,563.	294,391.	1,684.	195,488.
e All other expenses	1,296,946.	294,458.	280,569.	721,919.
25 Total functional expenses. Add lines 1 through 24e	29,565,511.	20,617,150.	2,790,236.	6,158,125.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	791,311.	1	1,914,515.
	2 Savings and temporary cash investments	635,034.	2	1,128,104.
	3 Pledges and grants receivable, net	81,603.	3	70,732.
	4 Accounts receivable, net	7,282,525.	4	5,146,670.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	95,730.	8	92,130.
	9 Prepaid expenses and deferred charges	1,792,963.	9	1,763,416.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,811,376.		
	b Less: accumulated depreciation	10b 5,748,732.	10c	2,062,644.
	11 Investments - publicly traded securities	33,561,440.	11	36,477,231.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,199,800.	15	4,698,590.
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,719,163.	16	53,354,032.	
Liabilities	17 Accounts payable and accrued expenses	6,278,878.	17	6,125,286.
	18 Grants payable	669,464.	18	32,446.
	19 Deferred revenue	5,040,944.	19	6,592,061.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	18,000.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,311,267.	23	1,398,459.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,048,985.	25	5,374,174.
	26 Total liabilities. Add lines 17 through 25	18,349,538.	26	19,540,426.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,879,962.	27	31,263,900.
	28 Net assets with donor restrictions	2,489,663.	28	2,549,706.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	32,369,625.	32	33,813,606.
	33 Total liabilities and net assets/fund balances	50,719,163.	33	53,354,032.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,845,796.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,565,511.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,719,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,369,625.
5	Net unrealized gains (losses) on investments	5	6,460,619.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-296,923.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,813,606.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21625761.	28156638.	43281833.	42216134.	39707167.	174987533
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21625761.	28156638.	43281833.	42216134.	39707167.	174987533
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						554,740.
6 Public support. Subtract line 5 from line 4.						174432793

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	21625761.	28156638.	43281833.	42216134.	39707167.	174987533
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1252653.	1025000.	1328141.	1301913.	1359141.	6266848.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,067.	7,858.	18,851.	115.	694.	30,585.
11 Total support. Add lines 7 through 10						181284966
12 Gross receipts from related activities, etc. (see instructions)					12	63,989.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	96.22	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.25	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS**

2019 AMOUNT: \$ 165.

2020 AMOUNT: \$ 6,555.

2022 AMOUNT: \$ 115.

2023 AMOUNT: \$ 694.

LIST RENTALS

2019 AMOUNT: \$ 2,201.

STORE SALES

2019 AMOUNT: \$ 701.

2020 AMOUNT: \$ 1,303.

IRS TAX REFUND

2021 AMOUNT: \$ 18,851.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH

13-3163817

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>5,075,553.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,207,015.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,504,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>867,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-3163817

Part II

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

Name of organization

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH**13-3163817****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		244,797.
j Total. Add lines 1c through 1i			244,797.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION FOR AIDS RESEARCH DEVELOPED AN ACTION AGENDA TO END AIDS THAT IDENTIFIED CRITICAL DECISIONS THAT NEED TO BE MADE TO ADVANCE EVIDENCE BASED AIDS POLICIES. WE CREATED A VARIETY OF ISSUE BRIEFS ON TOPICS SUCH AS THE POTENTIAL IMPACT OF VARIOUS BUDGET SCENARIOS ON GLOBAL HEALTH SERVICES, AND POLICY PRIORITIES TO ADDRESS THE HIV

Part IV Supplemental Information *(continued)*

EPIDEMIC AMONG GAY MEN IN THE US. THESE ISSUE BRIEFS WERE SHARED WITH
CAPITOL HILL STAFF AND MEMBERS OF THE ADMINISTRATION. AMFAR MET
REGULARLY WITH STAFF TO MEMBERS OF CONGRESS AND WITH ADMINISTRATION
STAFF, AND WE PROVIDED INPUT TO THE ADMINISTRATION ON DEVELOPMENT OF
THE PEPFAR BLUEPRINT FOR AN AIDS FREE GENERATION. AMFAR SPONSORED
SEVERAL BRIEFINGS ON CAPITOL HILL ON AIDS POLICY AND RESEARCH ISSUES.
AMFAR USES THESE BRIEFINGS AS AN EDUCATIONAL TOOL.

THE FOUNDATION ENGAGED AN INDEPENDENT CONSULTANT TO ENGAGE IN LOBBYING
ACTIVITIES ON ITS BEHALF. FEES PAID TO THIS CONSULTANT TOTALED \$100,000
IN THE FISCAL YEAR ENDING SEPTEMBER 30, 2024.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I

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

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

Part II

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

\$ 86,326.

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☒ Other DONATED ITEMS, INVENTORY ETC.

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☒ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	744,314.	702,275.	785,615.	731,736.	701,368.
b Contributions	750.	6,450.	4,700.	5,380.	7,933.
c Net investment earnings, gains, and losses	84,293.	35,589.	-88,040.	48,499.	22,435.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	829,357.	744,314.	702,275.	785,615.	731,736.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 48.8000 %

c Term endowment 51.2000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,573,778.	2,168,605.	405,173.
d Equipment		868,500.	863,818.	4,682.
e Other		4,369,098.	2,716,309.	1,652,789.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				2,062,644.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	58,289.
(2) RIGHT OF USE ASSETS	4,096,770.
(3) DEBT SERVICE RESERVE	525,215.
(4) EMPLOYEE ADVANCES	18,316.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,698,590.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SEC. 457 RETIREMENT LIABILITY	525,215.
(3) OPERATING LEASES	4,848,959.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,374,174.

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

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,049,519.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,460,619.
b	Donated services and use of facilities	2b	12,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	169.
e	Add lines 2a through 2d	2e	6,472,788.
3	Subtract line 2e from line 1	3	24,576,731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	188,065.
b	Other (Describe in Part XIII.)	4b	81,000.
c	Add lines 4a and 4b	4c	269,065.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,845,796.

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

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

1	Total expenses and losses per audited financial statements	1	29,605,538.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	297,092.
e	Add lines 2a through 2d	2e	309,092.
3	Subtract line 2e from line 1	3	29,296,446.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	188,065.
b	Other (Describe in Part XIII.)	4b	81,000.
c	Add lines 4a and 4b	4c	269,065.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	29,565,511.

Part XIII Supplemental Information

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

PART III, LINE 4:

AMFAR SOLICITS ARTWORK FOR OUR EVENT AUCTIONS ARTWORK MAY BE DONATED

OUTRIGHT, ON CONSIGNMENT OR SOMETIMES AMFAR PURCHASES THE PIECE IF IT CAN

BE AUCTIONED WITH A LARGE ENOUGH RETURN. SOME ARE OUTRIGHT DONATIONS TO BE

AUCTIONED AND SOME ARE PROVIDED ON CONSIGNMENT FOR THE AUCTION.

PART IV, LINE 2B:

THE ORGANIZATION HOLDS A SECURITY DEPOSIT FROM A SUBTENANT IN AN ESCROW

ACCOUNT. THIS DEPOSITS IS RETURNED ONCE THEY MOVE OUT OF THE SPACE AS PER

LEASE TERMS AND RELEVANT LAW.

PART V, LINE 4:

Part XIII Supplemental Information (continued)

AMFAR'S ENDOWMENT FUND IS INTENDED TO FUND THE VARIOUS GENERAL RESEARCH PROGRAMS THE ORGANIZATION SPONSORS.

PART X, LINE 2:

AMFAR RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT AMFAR HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. AMFAR IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	169.
--	------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF SUBLEASE RENTAL INCOME TO PART VIII, LINE 6A	81,000.
---	---------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	169.
--	------

WRITE OFF OF UNCOLLECTIBLE PLEDGES	499.
------------------------------------	------

RECLASS OF OVERACCRUAL OF GRANT EXPENSES	296,424.
--	----------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	297,092.
--	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF SUBLEASE RENTAL INCOME TO PART VIII, LINE 6A	81,000.
---	---------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

THE FOUNDATION FOR AIDS RESEARCH

13-3163817

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING SERVICES	THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING	11,790,377.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		1,007,824.
SOUTH ASIA	0	0	GRANTMAKING		193,573.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,197,377.
EAST ASIA AND THE PACIFIC	1	15	PROGRAM SERVICES	THERAPEUTICS RESEARCH, EDUCATION, AND AIDS TRAINING	1,660,907.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		52,256.
3 a Subtotal	1	15			16,902,314.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	15			16,902,314.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	674,813.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	549,859.	WIRE TRANSFER	0.		
		EUROPE	RESEARCH	258,011.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	222,322.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	193,778.	WIRE TRANSFER	0.		
		SOUTH ASIA	TREAT ASIA	156,625.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	147,418.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	110,720.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **52**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TREAT ASIA	103,028.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	94,075.	WIRE TRANSFER	0.		
		EUROPE	RESEARCH	75,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	68,658.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	68,270.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	66,273.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	58,492.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	52,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH	52,256.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TREAT ASIA	43,636.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	31,671.	WIRE TRANSFER	0.		
		SOUTH ASIA	TREAT ASIA	29,996.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	25,649.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	17,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	17,500.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TREAT ASIA	17,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	17,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	16,820.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	15,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	12,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	11,967.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	11,622.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TREAT ASIA	10,359.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	10,343.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	9,260.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	9,170.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	8,775.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	8,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	7,940.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	7,620.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	7,500.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TREAT ASIA	6,952.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	6,921.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	6,825.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	6,600.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	6,541.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	6,231.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	6,150.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TREAT ASIA	5,170.	WIRE TRANSFER	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:**FOREIGN ACTIVITIES**

INTERNATIONAL ORGANIZATIONS ARE RECOMMENDED FOR FUNDING BASED UPON THE RESULTS OF COMMUNITY-BASED PEER REVIEW AND/OR PROGRAM STAFF ASSESSMENT OF PROPOSAL MERIT AND ORGANIZATION CAPACITY TO UNDERTAKE PROPOSED PROJECTS THAT ARE CHARITABLE IN PURPOSE, PRE-AWARD DUE-DILIGENCE FOR NEW INTERNATIONAL GRANTEEES INCLUDES REVIEW OF ORGANIZATION DOCUMENTS AND REGISTRATIONS TO VERIFY THAT THE ORGANIZATION OPERATES FOR A CHARITABLE PURPOSE AND THAT BASIC CAPACITY FOR PROJECT OVERSIGHT AND GOVERNANCE HAS BEEN ESTABLISHED.

ALL INTERNATIONAL GRANTEEES ARE REQUIRED TO REPORT SEMI-ANNUALLY ON PROJECT PROGRESS AND EXPENDITURES; CONTINUED REPORTING IS REQUIRED UNTIL SUCH TIME AS GRANT FUNDS ARE EXPENDED IN FULL. REPORTS ARE REVIEWED BY ADMINISTRATIVE AND PROGRAM STAFF. ADDITIONAL OVERSIGHT IS PROVIDED AS NECESSARY BY MEANS OF ONGOING, INFORMAL CONTACT WITH STEPS REGARDING PROGRESS AND TECHNICAL ISSUES AND SITE VISITS WHERE FEASIBLE.

INTERNATIONAL RESEARCH GRANT RECIPIENTS SUBMIT AN INTERIM AND A FINAL PROGRESS REPORT IN ADDITION TO EXPENDITURES REPORTS DUE FOLLOWING THE ENDS OF THE 2ND, 3RD AND FINAL QUARTERS OF THE PERFORMANCE PERIOD.

FOREIGN ACTIVITIES - PART I, LINE 3, COLUMN D:

THE FOUNDATION FOR AIDS RESEARCH CONDUCTS MANY OF ITS GRANT-MAKING PROGRAM SERVICES (SEE PART III OF FORM 990) IN U.S AND FOREIGN JURISDICTIONS. IN COLUMN D, THE ORGANIZATION HAS REPORTED THE BASIC PROGRAM THESE GRANTS SUPPORT; PLEASE REFER TO PART III FOR MORE INFORMATION ABOUT THESE PROGRAMS/INITIATIVES.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FOREIGN ACTIVITIES - STATUS OF GRANTEES

THE FOUNDATION FOR AIDS RESEARCH SUPPORTS MANY NON-U.S ORGANIZATIONS IN THE FIGHT AGAINST AIDS AND HIV-RELATED DISEASES. FOR PURPOSES OF SCHEDULE F, PART II, LINE 2 - ALL CHARITIES SUPPORTED ARE PRESUMED TO BE THE EQUIVALENT OF U.S CHARITIES.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☐ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AAB PRODUCTIONS - 387 GRAND STREET, SUITE K705, NEW YORK,	SPECIAL EVENT PRODUCTION		X	17,316,503.	285,298.	17,031,205.
SANKY COMMUNICATIONS INC. - 360 W. 31ST STREET, FLOOR 6,	DIRECT MAIL DIRECT RESPONSE CONSULTING		X	1,221,208.	261,380.	959,828.
Total				18,537,711.	546,678.	17,991,033.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

48

09220806 756359 1336143.001

2023.06010 THE FOUNDATION FOR AIDS R 13361431

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CANNES GALA (event type)	DALLAS TWO BY TWO (event type)	3 (total number)	
Revenue	1 Gross receipts	14,273,670.	4,789,920.	5,858,093.	24,921,683.
	2 Less: Contributions	13,871,170.	4,535,420.	5,419,593.	23,826,183.
	3 Gross income (line 1 minus line 2)	402,500.	254,500.	438,500.	1,095,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,408,892.	247,652.	41,976.	1,698,520.
	7 Food and beverages	534,677.	300,758.	405,519.	1,240,954.
	8 Entertainment	3,012,376.	303,187.	1,162,173.	4,477,736.
	9 Other direct expenses	5,299,381.	1,177,603.	3,004,703.	9,481,687.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,898,897.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-15,803,397.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

 a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: AAB PRODUCTIONS

(I) ADDRESS OF FUNDRAISER:

387 GRAND STREET, SUITE K705, NEW YORK, NY 10002

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS INC.

(I) ADDRESS OF FUNDRAISER: 360 W. 31ST STREET, FLOOR 6, NEW YORK, NY 10001

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

THE FOUNDATION FOR AIDS RESEARCH ACTUALLY PAID OUT \$546,678 IN FUNDRAISING EXPENSES FOR THE YEAR ENDING SEPTEMBER 30, 2024. THIS AMOUNT IS REPORTED ON PART IX, LINE 11(E). FOR PURPOSES OF SCHEDULE G, THE FOUNDATION IS REPORTING ALL AMOUNTS PAID TO THE CONSULTANTS LISTED ON PART I, REGARDLESS OF WHETHER SUCH AMOUNTS WERE PURE FUNDRAISING EXPENSES OR EVENT PRODUCTION COSTS. ON SCHEDULE G, THE TOTAL AMOUNT PAID TO THE ORGANIZATIONS LISTED IS \$729,178 OF THAT \$729,178 ONLY \$546,678 WAS PAID FOR FUNDRAISING SERVICES, THE REMAINING \$182,500 WAS PAID FOR EVENT PRODUCTION SERVICES.

IN THE INTERESTS OF CLARITY, THE FOUNDATION WOULD ALSO LIKE TO MAKE CLEAR THAT THE COMPENSATION REPORTED AS HAVING BEEN PAID TO THE PROFESSIONAL FUNDRAISERS REPORTED ON SCHEDULE G IS REPORTED ON A FISCAL YEAR BASIS. SOME OF THOSE SAME FUNDRAISERS ARE REPORTED ON THE FOUNDATION'S TOP 5 HIGHEST PAID INDEPENDENT CONTRACTORS LIST (IN PART VII). IN COMPLIANCE WITH THE INSTRUCTIONS TO THE FORM 990, COMPENSATION REPORTED FOR PART VII IS REPORTED ON A CALENDAR YEAR BASIS. ACCORDINGLY, AMOUNTS ON PART VII AND SCHEDULE G WILL NOT RECONCILE.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number
13-3163817

Part I **General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	185,970.	0.			RESEARCH
THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	160,410.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY MRB, SUITE 117 BALTIMORE, MD 21287	52-0595110	501(C)(3)	142,820.	0.			TREAT ASIA
CASE WESTERN RESERVE UNIVERSITY 0900 EUCLID AVENUE, LC 4930 CLEVELAND, OH 44106	34-1018992	501(C)(3)	69,079.	0.			RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 4566 SCOTT AVE, MDS ONCOLOGY RM# 562 - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	52,430.	0.			RESEARCH
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N. SEATTLE, WA 98109	94-6036493	501(C)(3)	40,825.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 630 WEST 168TH ST, BOX 49 NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	40,716.	0.			TREAT ASIA
UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY SUITE 650 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	31,250.	0.			RESEARCH
COMPASS, INC. 201 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33560	65-0052657	501(C)(3)	25,000.	0.			RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

AMFAR PROVIDES GRANTS AND FELLOWSHIPS TO INDEPENDENT NOT-FOR-PROFIT ORGANIZATIONS THROUGH A PEER-REVIEW PROCESS. GRANT APPLICATIONS ARE FIRST REVIEWED BY THE FOUNDATION'S VOLUNTEER SCIENTIFIC ADVISORY COMMITTEE, WHICH COMPRISES RECOGNIZED EXPERTS IN THE MEDICAL, SCIENTIFIC, AND SOCIAL SCIENCES DISCIPLINES RELEVANT TO HIV AND AIDS. THE SCIENTIFIC ADVISORY COMMITTEE THEN SENDS ITS EVALUATIONS TO ONE OF THE THREE COMMITTEES (RESEARCH, GLOBAL INITIATIVES OR PUBLIC POLICY) OF THE FOUNDATION'S PROGRAM BOARD, WHICH SERVES IN AN ADVISORY CAPACITY TO THE BOARD OF TRUSTEES. AFTER

Part IV Supplemental Information

A PROGRAM COMMITTEE HAS COMPLETED ITS REVIEW OF THE APPLICATIONS, IT PRESENTS ITS FUNDING RECOMMENDATIONS TO AMFAR'S EXECUTIVE COMMITTEE AND/OR THE FULL BOARD OF TRUSTEES FOR FINAL APPROVAL AND FUNDING AUTHORIZATION. GRANTS AND FELLOWSHIPS ARE PAYABLE OVER A ONE-TO-THREE YEAR PERIOD, AND ARE REVOCABLE AT AMFAR'S OPTION IF THE RECIPIENT'S PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH THE TERMS OF THE GRANT AND FELLOWSHIP AWARDS MAY BE LESS THAN THE ORIGINAL AWARD IF THE RECIPIENT DOES NOT USE THE FULL AMOUNT AWARDED. THEREFORE, A RESERVE FOR UNEXPENDED GRANTS AND FELLOWSHIPS HAS BEEN RECORDED. SUBAWARDS ARE GRANTS AWARDED TO NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT THE COSTS OF COLLABORATION AND PARTICIPATION IN HIV/AIDS-RELATED RESEARCH PROJECTS FOR WHICH AMFAR HAS SECURED RESTRICTED FUNDS. SUBAWARDS ARE PAYABLE OVER A ONE-YEAR PERIOD, ALTHOUGH ADVANCE PAYMENTS, IN FULL OR IN PART, MAY BE ISSUED FOLLOWING EXECUTION OF THE SUBAWARD AGREEMENT. SUBAWARDS ARE CONTINGENT UPON THE AVAILABILITY OF FUNDS AND ARE REVOCABLE IF THE RECIPIENTS' PERFORMANCE OR USE OF FUNDS IS NOT CONSISTENT WITH SUBAWARD TERMS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN FROST CHIEF EXECUTIVE OFFICER	(i)	484,713.	125,000.	36,914.	45,600.	79,742.	771,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRADLEY JENSEN ASSISTANT TREASURER/CFO	(i)	296,502.	0.	0.	20,715.	61,627.	378,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KYLE CLIFFORD VICE PRESIDENT OF DEVELOPMENT	(i)	259,193.	0.	0.	18,728.	61,627.	339,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNETTE SOHN VICE PRESIDENT, TREAT ASIA	(i)	285,584.	0.	0.	19,990.	9,923.	315,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANTHONY ANCONA VICE PRESIDENT OF HUMAN RESOURCES	(i)	213,915.	0.	0.	15,523.	61,627.	291,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SEBASTIAN GHEITH GENERAL COUNSEL, ASST SECRETARY	(i)	192,039.	0.	0.	14,012.	79,742.	285,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GREGORIO MILLET VICE PRESIDENT, PUBLIC POLICY	(i)	203,864.	0.	0.	14,711.	61,627.	280,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW MCINNES DIRECTOR, PUBLICATIONS	(i)	192,901.	0.	0.	13,759.	61,627.	268,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES SHAKLEFORD VICE PRESIDENT PUBLIC INFORMATION, THRU AUG. 2024	(i)	227,281.	0.	0.	6,708.	23,782.	257,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BENNAH SERFATY SENIOR DIRECTOR OF COMMUNICATIONS	(i)	149,250.	0.	0.	10,937.	79,742.	239,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOSEPH FERRERA DIRECTOR, PHILANTHROPY, THRU NOV. 2023	(i)	155,240.	0.	0.	11,450.	72,624.	239,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTOPHER FREDERICK SPECIAL EVENTS DIRECTOR	(i)	186,606.	0.	0.	13,209.	25,888.	225,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ROWENA JOHNSTON FORMER ASST SEC, VP, RESEARCH	(i)	118,492.	0.	0.	8,304.	10,531.	137,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

CHIEF EXECUTIVE OFFICER, KEVIN FROST, PARTICIPATED IN A SUPPLEMENTAL
NON-QUALIFIED RETIREMENT PLAN. IN CALENDAR YEAR 2023, AMFAR CONTRIBUTED
\$36,914 INTO MR. FROST'S NON-QUALIFIED RETIREMENT PLAN. THIS AMOUNT IS NOT
REPORTED IN SCHEDULE J, PART II, COLUMN (C) BECAUSE THE CONTRIBUTION AMOUNT
WAS DISTRIBUTED TO MR. FROST WITHIN THE SAME CALENDAR YEAR. INCLUDED IN
SCHEDULE J, COLUMN (B) (III) IS MR. FROST'S 2023 EMPLOYER-FUNDED 457(F)
CONTRIBUTION OF \$36,914.

PART I, LINE 7:

THE ORGANIZATION PAID BOARD APPROVED DISCRETIONARY BONUSES TO CERTAIN
INDIVIDUALS LISTED IN PART II AS REPORTED IN COLUMN B(II) FOR THE
APPLICABLE INDIVIDUALS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	81,403.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	160,238.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,
COLUMN (B) OF SCHEDULE M.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

FORM 990, ITEM C, DOING BUSINESS AS:

AIDS RESEARCH FOUNDATION; AMFAR

FORM 990, PART III, LINE 1:

THE FOUNDATION FOR AIDS RESEARCH IS AN INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN NEW YORK IN 1989. AMFAR WAS FORMED THROUGH THE UNIFICATION IN 1985 OF TWO NOT-FOR-PROFIT ORGANIZATIONS, THE AIDS MEDICAL FOUNDATION ("AMF"), INCORPORATED IN NEW YORK IN APRIL 1983, AND THE NATIONAL AIDS RESEARCH FOUNDATION, INCORPORATED IN CALIFORNIA IN AUGUST 1985. FIRST BASED IN CALIFORNIA, AMFAR TRANSFERRED ITS LEGAL DOMICILE TO NEW YORK IN 1989, USING THE INITIAL INCORPORATION DOCUMENTS OF AMF, MAKING IT AMF'S LEGAL SUCCESSOR. AMFAR HAS OFFICES IN NEW YORK, NY, WASHINGTON, D.C., AND BANGKOK, THAILAND. ON MARCH 7, 2005, THE BOARD OF TRUSTEES OF THE AMERICAN FOUNDATION FOR AIDS RESEARCH APPROVED A CHANGE IN LEGAL NAME TO "THE FOUNDATION FOR AIDS RESEARCH." ON OCTOBER 18, 2005, THE NEW YORK STATE DEPARTMENT OF STATE APPROVED THIS CHANGE. IN ADDITION, THE FOUNDATION HAS SECURED APPROVAL FOR DOING BUSINESS AS (DBA) THE FOLLOWING:

- AMERICAN FOUNDATION FOR AIDS RESEARCH
- AMFAR
- AIDS RESEARCH FOUNDATION

AMFAR IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH. THE FOUNDATION ACCOMPLISHES THIS MISSION THROUGH:

- RESEARCH TO EXPLORE SCIENTIFIC APPROACHES FOR PREVENTING, TREATING, AND CURING HIV AND OTHER INFECTIOUS DISEASE THREATS AND ENHANCING THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

HEALTH AND SURVIVAL OF PEOPLE LIVING WITH HIV;

- INTERNATIONAL INITIATIVES TO FACILITATE THE DEVELOPMENT AND

IMPLEMENTATION OF EFFECTIVE RESEARCH, TREATMENT, PREVENTION, AND

EDUCATION STRATEGIES IN LOW- AND MIDDLE-INCOME COUNTRIES;

- PUBLIC POLICY ANALYSIS AND THE ADVOCACY OF RATIONAL AND COMPASSIONATE

POLICIES THAT PROMOTE PUBLIC HEALTH AND PROTECT THE RIGHTS OF PEOPLE

THREATENED BY HIV/AIDS; AND

- PUBLIC INFORMATION PROGRAMS TO BUILD AWARENESS OF THE CONTINUED

THREAT HIV/AIDS POSES AND TO PROVIDE UP-TO-DATE MEDICAL, SCIENTIFIC,

AND PREVENTION INFORMATION TO PEOPLE LIVING WITH HIV/AIDS, HEALTHCARE

PROFESSIONALS, AND THE PUBLIC.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

ARCHE GRANTS

CONTROLLING HIV

TWO ARCHE GRANTS FUNDED STUDIES TO UNDERSTAND AND POTENTIALLY ENHANCE

CONTROL OF HIV, EITHER AS A RESULT OF A CURE INTERVENTION OR AS A

NATURAL OCCURRENCE.

STUDIES HAVE SHOWN THAT FOR SOME INDIVIDUALS WITH ART, ADMINISTERING A

COCKTAIL OF BROADLY NEUTRALIZING ANTIBODIES (BNABS) AT THE TIME OF

TEMPORARILY STOPPING ART AS PART OF A CLINICAL CURE STUDY IMPROVES

CONTROL OF HIV, THOUGH THE VIRUS EVENTUALLY REAPPEARS DESPITE ABSENCE

OF DETECTABLE LEVELS OF ART OR BNABS. DR. RACHEL RUTISHAUSER AND A TEAM

OF CO-INVESTIGATORS FROM THE U.S. AND DENMARK, INCLUDING DRS. STEVEN

DEEKS AND MICHAEL PELUSO OF THE AMFAR INSTITUTE FOR HIV CURE RESEARCH

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

AT UCSF, ARE INVESTIGATING POSSIBLE MECHANISMS THAT MEDIATE THIS
CONTROL.

DR. XU YU OF MASSACHUSETTS GENERAL HOSPITAL, RECEIVED ADDITIONAL ARCHE
FUNDING TO CONTINUE HER STUDY AIMED AT UNDERSTANDING WHY SOME PEOPLE
LIVING WITH HIVSUCH AS LOREEN WILLENBERG AND AN ARGENTINIAN WOMAN KNOWN
AS THE ESPERANZA PATIENTARE SEEMINGLY ABLE TO CLEAR
REPLICATION-COMPETENT HIV WITHOUT THE BENEFIT OF ART OR OTHER MEDICAL
INTERVENTIONS. THE ADDITIONAL FUNDING SUPPORTS HIGH-RESOLUTION
RESERVOIR EVALUATIONS OF 66 INDIVIDUALS WHO HAVE BEEN ON ART FOR AT
LEAST 15 YEARS BUT WHO MAY BE CONTROLLING HIV NATURALLY, AND, MOST
IMPORTANTLY, A CLINICAL STUDY TO DETERMINE IF TIME AND IMMUNITY HAVE
LED TO CURES LIKE THOSE THAT OCCURRED IN THE TWO WOMEN MENTIONED ABOVE.

TARGET GRANTS

REDUCING THE HIV RESERVOIR

DR. JAMES TERMINI, OF THE UNIVERSITY OF MIAMI, IS STUDYING ANTI-HIV
BNABS, WHICH CAN CONTROL HIV REPLICATION IN THE ABSENCE OF
ANTIRETROVIRALS IN ANIMAL MODELS BUT HAVE NOT BEEN SHOWN TO ERADICATE
HIV RESERVOIRS. DR. TERMINI IS INVESTIGATING IF USING SUCH ANTIBODIES
WITH GREATLY ENHANCED ABILITY TO PROMOTE A FORM OF ANTI-VIRUS IMMUNITY
KNOWN AS ADCC, OR ANTIBODY-DEPENDENT CELLULAR CYTOTOXICITY, MIGHT
OVERCOME THIS ROADBLOCK.

DR. MARY ANN CHECKLEY-LUTTGE, OF CASE WESTERN RESERVE UNIVERSITY, IS
TESTING TWO TYPES OF GENETICALLY ENGINEERED NATURAL KILLER (NK) CELLS,
OR INK CELLS, TO REDUCE THE HIV RESERVOIR. ONE OF THESE CELL TYPES IS

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

GENETICALLY ENGINEERED TO INCLUDE CAR GENES. CAR T CELLS HAVE BEEN
HIGHLY EFFECTIVE IN THE TREATMENT OF CERTAIN TYPES OF BLOOD CANCERS.
COMBINING THE INK CELLS WITH BNABS, SHE AND HER TEAM WILL ASSESS THEIR
POTENCY AGAINST HIV RESERVOIRS IN TEST-TUBE STUDIES. IF THE RESEARCHERS
SEE MORE THAN A 50% REDUCTION IN INTACT HIV RESERVOIR VIRUS FROM CELLS
TAKEN FROM SIX PEOPLE LIVING WITH HIV, THE TEAM WILL CONSIDER THE NEXT
STEP IN VIVO ANIMAL AND HUMAN STUDIES.

DR. YIMING YIN, OF BOSTON CHILDREN'S HOSPITAL, AIMS TO GENETICALLY
ENGINEER B CELLS, IMBUING THEM WITH THE ABILITY TO TARGET CRITICAL
PORTIONS OF THE HIV ENVELOPE. DR. YIN IS TESTING A HYPOTHESIS THAT B
CELLS EXPRESSING ANTIBODIES CAPABLE OF NEUTRALIZING DIFFERENT HIV
VARIANTS COULD REDUCE THE SIZE OF THE HIV RESERVOIR AND PERHAPS EVEN
REPLACE ANTIRETROVIRAL THERAPY.

BORROWING FROM CANCER THERAPIES

TWO RESEARCHERS WHO RECEIVED TARGET GRANTS ARE STUDYING THE ABILITY OF
ANTI-CANCER AGENTS TO TAKE ADVANTAGE OF THE HIV RESERVOIR'S
VULNERABILITIES. DR. MICHAEL PELUSO OF UCSF IS TESTING THE
IMMUNITY-STIMULATING ABILITY OF A DRUG USED TO TREAT BLADDER CANCER TO
SUPPRESS HIV REBOUND IN PEOPLE AFTER TREATMENT INTERRUPTION. AND DR.
ADAM SPIVAK, OF THE UNIVERSITY OF UTAH, SALT LAKE CITY, IS
INVESTIGATING THE POTENTIAL OF A LEUKEMIA DRUG FOR REDUCING THE HIV
RESERVOIR BY EXPLOITING ITS ABILITY TO BLOCK T CELL PROLIFERATION, A
FUNDAMENTAL MECHANISM OF HIV PERSISTENCE.

MATHILDE KRIM FELLOWSHIPS IN BIOMEDICAL RESEARCH

IN 2024, AMFAR AWARDED TWO MATHILDE KRIM FELLOWSHIPS IN THE AMOUNT OF

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

\$180,000 EACH TO RESEARCHERS ATTEMPTING TO CLOSE CRITICAL KNOWLEDGE GAPS IN HIV CURE RESEARCH.

DR. GABRIEL DUETTE, OF THE WESTMEAD INSTITUTE FOR MEDICAL RESEARCH IN WESTMEAD, AUSTRALIA, IS STUDYING HOW SOME PEOPLE ARE ABLE TO CONTROL HIV AFTER REPEATED STRATEGIC TREATMENT INTERRUPTIONS BY ANALYZING IF THESE STOP-AND-START CYCLES LEAD TO AN INCREASE OF CD8+ KILLER T CELLS CAPABLE OF CLEARING HIV-INFECTED CELLS FROM THE BODY AND WHETHER THEY CAN INFLUENCE THE GENETIC MAKEUP OF REBOUNDED VIRUS.

DR. SIMONE RICHARDSON, OF THE NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES IN JOHANNESBURG, SOUTH AFRICA, IS USING HER AWARD TO STUDY A SEGMENT OF ANTIBODY MOLECULES KNOWN AS FC, WHICH REGULATE ANTI-HIV IMMUNE RESPONSES PRODUCED BY POTENT ANTIBODIES. DR. RICHARDSON'S STUDY COULD CONTRIBUTE TO THE DEVELOPMENT OF BOTH THERAPEUTIC AND PROTECTIVE HIV VACCINES.

NAMED IN HONOR OF AMFAR'S LATE FOUNDING CHAIRMAN, THE KRIM FELLOWSHIP HAS PROVIDED CRUCIAL FUNDING FOR OUTSTANDING YOUNG RESEARCHERS SINCE 2008. TO DATE, THE PROGRAM HAS SUPPORTED 62 SCIENTISTS WITH \$9.7 MILLION IN FUNDING. THIS CRITICAL INVESTMENT HAS PRODUCED REMARKABLE DIVIDENDS: EVERY DOLLAR SPENT ON THE PROGRAM HAS GENERATED ON AVERAGE \$24 IN SUBSEQUENT FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH.

AMFAR CURE TRIAL

THE RELATIVE SUCCESS OF A GROUNDBREAKING AMFAR-FUNDED CURE TRIAL PROMPTED NEW RESEARCHONE STUDY EXAMINING THE PERSONAL EXPERIENCES AND NEEDS OF PEOPLE LIVING WITH HIV ENROLLED IN CURE-RELATED TRIALS

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

INVOLVING EXTENDED TREATMENT INTERRUPTIONS AND TWO STUDIES FOCUSING ON THE IMMUNITY-RELATED MECHANISMS OF POST-TREATMENT CONTROL OF THE VIRUS.

THE LATTER TWO STUDIES WERE PRESENTED AT THE 2024 CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI) ALONG WITH ANOTHER STUDY, LED BY DR. TOONG SENG TAN OF THE RAGON INSTITUTE OF MGH, MIT AND HARVARD AND BRIGHAM AND WOMEN'S HOSPITAL IN BOSTON. THE RESEARCHERS, INCLUDING SEVERAL AMFAR GRANTEEES, CHARACTERIZED LITTLE-UNDERSTOOD SEX-SPECIFIC DIFFERENCES IN THE HIV RESERVOIR AMONG LONG-TERM ART-TREATED INDIVIDUALS BY LOOKING AT SIGNIFICANT FEATURES OF LATENTLY INFECTED CELLS. THEY NOTED A POTENTIAL SEX-BASED DIFFERENCE IN HOW THE IMMUNE RESPONSES IN TREATMENT-EXPERIENCED PEOPLE DRIVE THE EVOLUTION OF THE HIV RESERVOIR. THE RESERVOIR IN WOMEN WAS SHOWN TO HAVE FEATURES ASSOCIATED WITH DEEPER LATENCY, CELLS THAT ARE LESS SUSCEPTIBLE TO REACTIVATION AND MORE EASILY "LOCKED."

PUBLISHED RESEARCH

AMFAR IS A LEADING VOICE IN THE SCIENTIFIC CONVERSATION PERTAINING TO HIV, AS EVIDENCED BY THE MANY AMFAR-FUNDED RESEARCH STUDIES PUBLISHED IN PEER-REVIEWED JOURNALS. IN FY2024, 20 SCIENTIFIC PUBLICATIONS RESULTED FROM AMFAR-FUNDED RESEARCH. HIGHLIGHTS INCLUDE:

THE "GENEVA PATIENT"

STEM CELL TRANSPLANTATION USING DONOR CELLS WITH A CCR5 DELTA32 MUTATION, WHICH RENDERS CELLS NEARLY IMPERVIOUS TO HIV INFECTION, HAS BEEN THE METHOD USED TO CURE HIV IN THE FIRST FIVE CASES. HOWEVER, THE "GENEVA PATIENT," WHOSE SUSTAINED HIV REMISSION WAS CONFIRMED IN 2024, RECEIVED "WILD TYPE" DONOR CELLS, WHICH DO NOT HAVE THE GENETIC

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

MUTATION AND ARE THUS SUSCEPTIBLE TO THE VIRUS. DESCRIBING THE CASE, RESEARCHERS SUGGESTED IT COULD OPEN UP A VERY DIFFERENT AVENUE OF CURE RESEARCH. THEY BELIEVE THAT ALLOGENEIC IMMUNITY, OR A GRAFT-VERSUS-HOST RESPONSEA KEY PART OF CERTAIN CANCER CURES FOLLOWING STEM CELL TRANSPLANTS WITH "NORMAL" DONORS MAY HAVE BEEN INVOLVED AND MIGHT BE REPLICATED WITHOUT REQUIRING A TRANSPLANT. THE STUDY AUTHORS INCLUDE AMFAR GRANTEE DRS. ASIER SEZ-CIRIN (PRINCIPAL INVESTIGATOR), MONIQUE NIJHUIS, ANNEMARIE WENSING, AND JAVIER MARTNEZ PICADO.

NEW CASE OF POST-TREATMENT CONTROL

A RECENTLY PUBLISHED STUDY DETAILED A NEW CASE OF POST-TREATMENT CONTROL OF HIV. DIAGNOSED IN 1998, THE MAN STARTED ART, SUPPRESSED HIS VIRAL LOAD TO UNDETECTABLE LEVELS SEVEN MONTHS LATER, AND EVENTUALLY DISCONTINUED ALL REGIMENS. EXCEPT FOR ONE SMALL SPIKE SEVEN MONTHS AFTER HE STOPPED ART, HE HAS REMAINED UNDETECTABLE (BELOW 200 COPIES) FOR CLOSE TO TWO DECADES POST-TREATMENT. COMPREHENSIVE ANALYSES BY RESEARCHERS, INCLUDING PAST AMFAR GRANTEE DR. JORI SYMONS OF UNIVERSITY MEDICAL CENTER UTRECHT, THE NETHERLANDS, SUGGEST THAT POST-TREATMENT CONTROL MAY HAVE BEEN THE RESULT OF STRONG CD8 IMMUNE RESPONSES AND A VIRUS THAT SEEMED SLOW TO REPLICATE POSSIBLY DUE TO A MUTATION.

TIMING IS IMPORTANT

RESEARCHERS AT UCSF ANALYZED HIV DNA IN 500 BLOOD SAMPLES COLLECTED OVER THE COURSE OF A YEAR FROM 67 PEOPLE GIVEN ART DURING ACUTE INFECTION, AND THEN DEVELOPED MATHEMATICAL MODELS PREDICTING THE DECLINE IN HIV RESERVOIRS OVER TIME. PUBLISHED IN MEDRXIV, THE STUDY FOUND THAT TIMING WAS IMPORTANT. IN THE FIRST PHASE OF RESERVOIR DEVELOPMENT, FOR EVERY WEEK ART WAS DELAYED, THE HALF-LIFE OF INTACT

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

HIV INCREASED BY 14 HOURS, BUT FOR EVERY WEEK ART WAS DELAYED IN THE PERIOD 524 WEEKS POST-INFECTION THE VIRUS HALF-LIFE INCREASED BY EIGHT DAYS. THE AUTHORS, INCLUDING AMFAR GRANTEE DR. STEVEN DEEKS, CONCLUDED THAT THEIR STUDY MAY HELP PERSONALIZE CURE STRATEGIES FOR A DIVERSE, GLOBAL POPULATION OF PLWH INITIATING ART AT VARYING STAGES OF HIV.

FORM 990, PART III, LINE 4A

HOW ONE CURE STRATEGY MAY LEAD TO ANOTHER PUBLISHED IN LANCET HIV AND CO-AUTHORED BY MEMBERS OF THE AMFAR-ESTABLISHED ICISTEM RESEARCH CONSORTIUM, A STUDY SOUGHT TO EXAMINE CHANGES IN HIV RESERVOIRS AND HIV ANTIBODY PRODUCTION OVER MORE THAN EIGHT YEARS OF FOLLOW-UP POST-STEM CELL TRANSPLANT, CURRENTLY THE ONLY STRATEGY THAT HAS SUCCESSFULLY CURED INDIVIDUALS OF HIV. RESEARCHERS AIMED TO DEFINE MECHANISMS CONTRIBUTING TO DECREASES IN HIV RESERVOIR SIZE EVEN IN THOSE WHO RECEIVED A NORMAL DONOR TRANSPLANT (WITHOUT THE CCR5 MUTATION ASSOCIATED WITH A COMPLETE CURE) AND WERE NOT CURED. HIV RESERVOIRS IN THE BLOOD WERE MARKEDLY REDUCED IMMEDIATELY AFTER ACHIEVING FULL REPLACEMENT OF PATIENT CELLS WITH DONOR CELLS POST-TRANSPLANT. THIS OCCURRED REGARDLESS OF WHETHER THE DONOR HAD THE CCR5 MUTATION. THIS DECREASE WAS USUALLY FOLLOWED BY DECREASES IN RESERVOIR HIV IN BONE MARROW, LYMPH NODE, SPINAL FLUID, AND INTESTINES. LEVELS OF ANTI-HIV ANTIBODIES DECLINED MUCH MORE SLOWLY. SO-CALLED "ALLOGENEIC IMMUNITY" DONOR IMMUNE CELL ATTACK ON HIV-INFECTED PATIENT CELLS APPEARED TO BE THE MAIN MECHANISM FOR REDUCTION IN HIV RESERVOIRS AFTER AN INITIAL MASSIVE DECREASE IN RESERVOIR SIZE RELATED TO THE LARGE DOSES OF CHEMOTHERAPY REQUIRED JUST PRIOR TO THE TRANSPLANT.

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

CREATING A COST-EFFECTIVE CURE

A CANADIAN GROUP LED BY AMFAR GRANTEE DR. ERIC ARTS DEVELOPED A NEW TYPE OF LATENCY REVERSING AGENT (LRA) CALLED HHPA DEAD, HIV-LIKE PARTICLE THAT COULD ACTIVATE RESERVOIR T CELLS, THUS MAKING THEM A TARGET. THE CONCEPT WAS EXPLORED USING CELLS FROM INDIVIDUALS ON ART FOR TWO TO THREE YEARS WHO STARTED TREATMENT DURING ACUTE HIV INFECTION, OR SHORTLY THEREAFTER. AS HOPED, IN THE TEST TUBE HHP INDUCED ALMOST 100-FOLD GREATER LATENCY REVERSAL THAN EXISTING AGENTS. WHEN TESTED, HHPs PROVED EQUALLY EFFECTIVE IN INDIVIDUALS WHO HAD STARTED TREATMENT LATER THAN THOSE IN THE INITIAL STUDIES, LEADING TO 100 TO 1,000-FOLD MORE HIV RELEASE THAN PREVIOUS LRAs. THE RESEARCHERS SPECULATED THAT MULTIPLE INJECTIONS OF HHP INTO MUSCLE, LIKE A VACCINATION, COULD ALSO BOOST ANTI-HIV IMMUNE RESPONSES. HHPs THAT COULD RECOGNIZE SUBTYPES OF HIV FOUND PRIMARILY IN THE WEST AS WELL AS IN AFRICA WERE DESIGNED. THE AUTHORS CONCLUDED THAT HHP SERVES AS BOTH AN LRA AS WELL AS TREATMENT THAT CAN BOOST HIV-1-SPECIFIC IMMUNE RESPONSES, SUGGESTING THE POSSIBILITY OF A GLOBAL, COST-EFFECTIVE CURE STRATEGY FOR THE FUTURE. THE STUDY WAS PUBLISHED IN EMERGING MICROBES AND INFECTIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TREAT ASIA AND NETWORK PARTNER RESEARCH

TREAT ASIA AND ITS NETWORK PARTNERS CONDUCTED A RANGE OF STUDIES IN 2024, INCLUDING RESEARCH ON LONG-TERM TREATMENT OUTCOMES OF ADOLESCENTS AND YOUNG ADULTS LIVING WITH HIV; PREGNANCY OUTCOMES AMONG WOMEN LIVING WITH HIV; LUNG CANCER AND OTHER LUNG CONDITIONS IN HIV AND TB; MENTAL

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

HEALTH; THE BENEFITS OF A RAPID HEPATITIS B VACCINATION REGIMEN FOR VULNERABLE POPULATIONS; COGNITIVE IMPAIRMENT; HPV AMONG ADOLESCENTS; CERVICAL DYSPLASIA AND HPV INFECTION IN WOMEN LIVING WITH HIV; AND PREP UPTAKE.

DRAWING ON THE EXPERTISE OF DR. JEREMY ROSS, TREAT ASIA'S DIRECTOR OF RESEARCH, AND NETWORK PARTNERS, TREAT ASIA CONVENED ITS FIRST-EVER THINK TANK ADDRESSING CLINICAL, RESEARCH, AND POLICY NEEDS RELATED TO WOMEN AND HIV IN THE ASIA-PACIFIC REGION WITH THE GOAL OF INFORMING TREAT ASIA'S RESEARCH PLANS FOR THIS VULNERABLE AND OFTEN NEGLECTED POPULATION.

INTERNATIONAL AIDS DATABASE

TREAT ASIA MANAGES THE ASIA-PACIFIC SECTION OF THE INTERNATIONAL EPIDEMIOLOGY DATABASES TO EVALUATE AIDS (IEDEA), A GLOBAL COLLABORATION ESTABLISHED BY THE U.S. NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES. IEDEA IS CENTRAL TO A WIDE RANGE OF INTERNATIONAL STUDIES IN WHICH TREAT ASIA PARTICIPATES.

IEDEA DOLUTEGRAVIR RESISTANCE STUDY

THIS GLOBAL STUDY LED BY THE UNIVERSITY OF BERN AIMS TO IDENTIFY PATTERNS AND RISK FACTORS FOR VIROLOGIC FAILURE IN ADULTS ON DOLUTEGRAVIR-BASED ART, AND TO INVESTIGATE CORRELATIONS BETWEEN RESISTANCE GENOTYPES ACROSS HIV-1 SUBTYPES. THE STUDY IS ONGOING IN THREE IEDEA ASIA-PACIFIC NETWORK SITES IN CAMBODIA (1) AND THAILAND (2).

IEDEA TUBERCULOSIS SENTINEL RESEARCH NETWORK: THE STUDY AIMS TO

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

DESCRIBE CLINICAL AND TREATMENT OUTCOMES OF PULMONARY TB AND PROVIDE A PLATFORM FOR GLOBAL TB RESEARCH AMONG PEOPLE WITH AND WITHOUT HIV.

THREE SITES IN CAMBODIA AND THAILAND ARE PARTICIPATING.

IEDEA SENTINEL RESEARCH NETWORK: THIS GLOBAL STUDY IS ASSESSING LIVER, CARDIO-METABOLIC, MENTAL HEALTH, AND SUBSTANCE USE COMORBIDITIES AMONG PEOPLE WITH HIV OVER 40 YEARS OF AGE, ON ART FOR MORE THAN SIX MONTHS. IT IS BEING IMPLEMENTED AT TWO SITES IN INDIA AND VIETNAM.

INTEGRATING HIV, MENTAL HEALTH, AND IMPLEMENTATION SCIENCE RESEARCH THE OBJECTIVE OF THE CHIMERA PROGRAM (CAPACITY DEVELOPMENT FOR HIV AND MENTAL HEALTH RESEARCH IN ASIA) IS TO ADDRESS THE DUAL AND INTERLINKED BURDENS OF HIV AND MENTAL HEALTH. CO-LED BY PRINCIPAL INVESTIGATORS DR. ANNETTE SOHN, AMFAR VICE PRESIDENT AND DIRECTOR OF TREAT ASIA, AND DR. MILTON WAINBERG OF COLUMBIA UNIVERSITY AND THE NEW YORK STATE PSYCHIATRIC INSTITUTE, THE PROGRAM AIMS TO BUILD A TEAM WITHIN THE ASIA-PACIFIC WITH THE CAPACITY TO LEAD REGIONAL HIV-MENTAL HEALTH-IMPLEMENTATION SCIENCE RESEARCH THAT WILL INFORM PUBLIC HEALTH POLICY AND IMPROVE CLINICAL CARE.

CHIMERA CREATES THE OPPORTUNITY TO BRING TOGETHER STELLAR TRAINING FACULTY FROM ACADEMIC CENTERS AND PUBLIC HEALTH AND DEVELOPMENT AGENCIES WITHIN THE REGION AND ACROSS THE WORLD, AND BUILDS ON EXISTING NIH-FUNDED MENTAL HEALTH RESEARCH BEING CONDUCTED THROUGH IEDEA ASIA-PACIFIC. FELLOWS PRESENTED POSTER ABSTRACTS AT THE HIV AND AGING CONFERENCE IN WASHINGTON, D.C., IN OCTOBER 2023, GAVE ORAL PRESENTATIONS AT THE GLOBAL IEDEA MEETING IN CTE D'IVOIRE IN APRIL, AND PARTICIPATED IN THE ASIA-PACIFIC AIDS & CO-INFECTIONS CONFERENCE IN

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

SINGAPORE IN JUNE. THROUGHOUT THE YEAR, THEY MADE STRIDES IN DATA COLLECTION, DATA CODING, AND PRELIMINARY ANALYSIS.

IMPROVING HEALTH THROUGH INFORMATION

OBSERVATIONAL DATABASES

THE INFORMATION GATHERED FROM CLINICAL SITES IN THREE DATABASES TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD); TAHOD LOW-INTENSITY TRANSFER; AND TREAT ASIA PEDIATRIC HIV OBSERVATIONAL DATABASE CONTINUES TO INFORM THE DEVELOPMENT OF MORE EFFECTIVE RESEARCH AND TREATMENT PROGRAMS AND HELP DEFINE TREATMENT STANDARDS SPECIFIC TO HIV/AIDS IN ASIA.

LAUNCHED IN 2021, THE REGION'S FIRST ADULT OBSERVATIONAL DATABASE FOR HIV/AIDS TAHOD TRANSITIONED TO THE TAHOD CONTINUUM OF CARE (TAHOD-CC) COHORT IN 2022. IN FY2024, TAHOD-CC CONTINUED ITS DATA COLLECTION AND CLEANING OF TRANSFERS FROM SEPTEMBER 2023, INCLUDING OVER 65,000 PATIENTS FROM 19 ASIA-PACIFIC SITES. THE SEPTEMBER 2024 TRANSFER INCLUDED A NEWLY ADDED SITE, HASAN SADIKIN HOSPITAL/ UNIVERSITAS PADJADJARAN IN BANDUNG, INDONESIA.

COMMUNITY-LED MONITORING DASHBOARD

WITH THE HELP OF AMFAR'S PUBLIC POLICY OFFICE AND ALONG WITH COMMUNITY NETWORK FOR EMPOWERMENT (CONE) IN MANIPUR, INDIA, AND PEDULI HATI IN INDONESIA, TREAT ASIA DEVELOPED AN ONLINE DASHBOARD (WWW.CLM-ASIA.ORG) TO EXPAND AND ENHANCE COMMUNITY-LED MONITORING IN THE IMPLEMENTING ORGANIZATIONS' RESPECTIVE COUNTRY REGIONS. THE DASHBOARD IS SUPPORTED IN PART BY VIIV HEALTHCARE.

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

TREAT ASIA'S COMMUNITY-LED MONITORING IN ASIA PROJECT IS ALREADY HAVING A SIGNIFICANT IMPACT AT THE COUNTRYWIDE LEVEL. FOR ITS IMPLEMENTATION GUIDELINES, THE INDONESIAN MINISTRY OF HEALTH ADOPTED PROGRAM INDICATORS MEASURING HEPATITIS B AND C CARE DELIVERY DEVELOPED THROUGH THE CLM PROJECT.

INTERNATIONAL AIDS CONFERENCE ON HIV SCIENCE AND OTHER CONFERENCES TREAT ASIA HAD A STRONG PRESENCE AT THE 25TH INTERNATIONAL AIDS CONFERENCE. DIRECTOR DR. ANNETTE SOHN GAVE MULTIPLE PRESENTATIONS, INCLUDING ONE AT THE INTERNATIONAL WORKSHOP ON HIV & PEDIATRICS PRECEDING THE MAIN CONFERENCE. GITEN KHWAIRAKPAM, TREAT ASIA'S PROGRAM MANAGER, COMMUNITY AND POLICY, AND NUMEROUS TREAT ASIA PARTNER INVESTIGATORS AND AFFILIATES ALSO PRESENTED AT THE CONFERENCE.

IN ADDITION TREAT ASIA PARTICIPATED IN THE SINGAPORE HIV CONGRESS 2023; AND, IN 2024, THE 26TH BANGKOK INTERNATIONAL SYMPOSIUM ON HIV MEDICINE; THE CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS AND THE GLOBAL IEDEA MEETING, BOTH IN DENVER, COLORADO; THE 26TH INTERNATIONAL WORKSHOP ON HIV AND HEPATITIS OBSERVATIONAL DATABASES IN VILAMOURA, PORTUGAL; THE ALL IEDEA GLOBAL MEETING, IN ABIDJAN, CTE D'IVOIRE; APACC 2024 IN HONG KONG; THE FOGARTY INTERNATIONAL CENTER (FIC) HIV RESEARCH TRAINING NETWORK MEETING (VIRTUAL); AND THE 10TH GLOBAL VALIDATION ADVISORY COMMITTEE MEETING FOR ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, SYPHILIS, AND HEPATITIS B VIRUS IN GENEVA, SWITZERLAND.

PUBLICATIONS

ALONG WITH LAY-LANGUAGE ARTICLES ON HIV/AIDS RESEARCH, POLICY, AND

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

COMMUNITY ISSUES FACING THE ASIA-PACIFIC REGION, TREAT ASIA PUBLISHED A FACT SHEET TITLED UNDERSTANDING WHO GUIDELINES FOR THE PREVENTION, CARE, DIAGNOSIS, AND TREATMENT OF PEOPLE WITH CHRONIC HEPATITIS B INFECTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATIONAL MATERIALS

AMFAR PRODUCES PERIODICALS IN BOTH PRINT AND DIGITAL FORMATS, INCLUDING ITS NEWSLETTER, INNOVATIONS, PUBLISHED TWICE A YEAR AND DISTRIBUTED TO ABOUT 16,000 PEOPLE, AND A MONTHLY E-MAIL NEWSLETTER, INSIGHTS, DISTRIBUTED TO APPROXIMATELY 20,000 RECIPIENTS. THE FOUNDATION'S WEBSITEWWW.AMFAR.ORGFEATURES NEWS, INTERVIEWS, AND ORIGINAL ARTICLES COVERING HIV RESEARCH, POLICY, THE GLOBAL EPIDEMIC, AND AMFAR PROGRAMS AND ACTIVITIES. THE WEBSITE ATTRACTS AN AVERAGE OF 36,500 MONTHLY VISITS.

AMFAR CREATES AND DISTRIBUTES REPORTS, PRESS RELEASES, AND UPDATES ON MAJOR HIV/AIDS ISSUES AND CONDUCTS PUBLIC SERVICE ADVERTISING CAMPAIGNS THAT HAVE BEEN INSTRUMENTAL IN EDUCATING POLICYMAKERS, HEALTHCARE PROFESSIONALS, PEOPLE LIVING WITH HIV/AIDS, AND THE PUBLIC. AMFAR'S PUBLIC INFORMATION TEAM ALSO WORKS CLOSELY WITH THE PUBLIC POLICY OFFICE AND TREAT ASIA STAFF (SEE ABOVE) TO PRODUCE A WIDE RANGE OF ISSUE BRIEFS, FACTS SHEETS, INFOGRAPHICS, AND REPORTS.

SOCIAL MEDIA

AMFAR HAS VIGOROUSLY EXPANDED ITS PRESENCE IN THE SOCIAL MEDIA ARENA, REACHING LARGE NUMBERS OF PEOPLE, INCLUDING A YOUNGER DEMOGRAPHIC THAT IS OFTEN LESS EDUCATED ABOUT HIV AND THE AIDS EPIDEMIC. POSTS IN

Name of the organization	Employer identification number
THE FOUNDATION FOR AIDS RESEARCH	13-3163817

FY2024 COVERED TOPICS SUCH AS HIV FUNDING PRIORITIES IN THE AMERICAN SOUTH, HIV CRIMINALIZATION, CUTS IN HIV FUNDING, PREP ACCESS, AND THE IMPORTANCE OF REAUTHORIZING PEPFAR. AMFAR REGULARLY UPDATES ITS SOCIAL CHANNELS WITH THE LATEST RESEARCH BREAKTHROUGHS AND POLICY NEWS, AS WELL AS DETAILED COVERAGE FROM ITS WORLD-RENOWNED FUNDRAISING GALAS.

ATTUNED TO THE SHIFTING LANDSCAPE OF SOCIAL MEDIA, AMFAR HAS EXPANDED ITS SOCIAL MEDIA PRESENCE TO INCLUDE THREADS AND BLUESKY, AND INCREASED MESSAGING ON LINKEDIN. AMFAR HAS 84,000 FOLLOWERS ON FACEBOOK, MORE THAN 41,000 X (FORMERLY TWITTER) FOLLOWERS, OVER 121,000 TIKTOK FOLLOWERS, 36,200 THREADS FOLLOWERS, AND 206,000 INSTAGRAM FOLLOWERS. IN RESPONSE TO AMFAR GALA CANNES, THE FOUNDATION GARNERED OVER 3.3 MILLION VIDEO VIEWS WITH 6.5 MILLION IMPRESSIONS ON OWNED SOCIAL CHANNELS AND 46,000 TOTAL MENTIONS OF AMFAR ONLINE, AND GAINED 10,350 FOLLOWERS ACROSS CHANNELS.

MEDIA OUTREACH

AMFAR CONTINUED TO WORK CLOSELY WITH THE MEDIA TO RAISE THE PROFILE OF HIV/AIDS, BOTH DOMESTICALLY AND INTERNATIONALLY, AND TO HELP ENSURE THE ACCURACY OF HIV-RELATED PRESS COVERAGE. AMFAR GARNERED APPROXIMATELY 5,430 MENTIONS ACROSS MEDIA IN FY2024. ARTICLES AND REPORTS INVOLVING AMFAR MANY OF WHICH INCLUDED INTERVIEWS WITH STAFF WERE CARRIED IN NUMEROUS MEDIA OUTLETS, INCLUDING THE NEW YORK TIMES, THE WASHINGTON POST, JOURNAL OF THE INTERNATIONAL AIDS SOCIETY, THE LANCET, THE GUARDIAN, BILLBOARD, THE HILL, MEDSCAPE, POZ, POSITIVELY AWARE, PARIS MATCH, PEOPLE, POLITICO, VANITY FAIR, VARIETY, VOGUE, WOMEN'S WEAR DAILY, ELLE, ESQUIRE, THE HOLLYWOOD REPORTER, TOWN & COUNTRY, REUTERS, AP NEWS, YAHOO, CBS NEWS, AND ABC NEWS.

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

MULTIMODAL AWARENESS-RAISING

AMFAR FREQUENTLY SPOTLIGHTS AIDS AWARENESS NOT ONLY ACROSS DIFFERENT PLATFORMS BUT ACROSS DIFFERENT MEDIA IN ORDER TO REACH DIVERSE AUDIENCES.

FOR WORLD AIDS DAY ON DECEMBER 1, 2023, AMFAR'S PUBLIC INFORMATION TEAM PRODUCED A VIDEO FEATURING THE ORGANIZATION'S CEO, PROGRAM HEADS, BOARD CO-CHAIRS, AND CELEBRITY SUPPORTERS, OFFERING INSIGHTS INTO PROGRESS ON HIV/AIDS, DOMESTIC AND FOREIGN HIV POLICY, AND CURRENT HIV RESEARCH. AMFAR MARKED NATIONAL HIV/AIDS AWARENESS DAYS THROUGHOUT THE YEAR.

IN DECEMBER 2023, AMFAR COMMISSIONED A HARRIS POLL THAT ASKED A SAMPLE OF 2,053 ADULTS IN THE U.S. ABOUT THEIR KNOWLEDGE OF AND ATTITUDES TOWARD HIV AS A PUBLIC HEALTH THREAT, HIV TREATMENT AND PREVENTION, AND HIV CURE RESEARCH. THE RESULTS WERE SHARED WIDELY IN PRINT AND ONLINE.

FOR THE 2024 INTERNATIONAL AIDS CONFERENCE IN MUNICH, GERMANY, AMFAR CREATED A WEB PLATFORM PROMOTING AMFAR STAFF PRESENTATIONS AND WORKSHOPS AND PROVIDING DAILY IN-PERSON REPORTING. AND IN JUNE 2024, AMFAR EXHIBITED AT THE 28TH ANNUAL BROOKLYN PRIDE MULTICULTURAL FESTIVAL IN BROOKLYN, NEW YORK, TO HELP RAISE AWARENESS ABOUT HIV/AIDS AND THE VITAL WORK THE ORGANIZATION DOES.

CELEBRITY SUPPORT

AMFAR'S PUBLIC AWARENESS EFFORTS ARE GREATLY ENHANCED BY THE COMMITTED SUPPORT OF PUBLIC FIGURES WHO LEND THEIR VOICES AND DONATE THEIR TIME, TALENTS, AND RESOURCES TO HELP SUSTAIN THE FOUNDATION'S MISSION.

Name of the organization	Employer identification number
THE FOUNDATION FOR AIDS RESEARCH	13-3163817

SUPPORT OF AMFAR FROM PROMINENT PUBLIC FIGURES BEGAN WITH THE LATE DAME ELIZABETH TAYLOR, AMFAR'S FOUNDING INTERNATIONAL CHAIRMAN, AND OTHERS HAVE FOLLOWED IN HER FOOTSTEPS. AMFAR IS PROFOUNDLY GRATEFUL FOR THE CONTINUING SUPPORT OF CELEBRITIES FROM ALL OVER THE WORLD.

CELEBRITY SUPPORTERS INCLUDED PEDRO ALMODVAR, JONATHAN BAILEY, ANTONIO BANDERAS, ANGELA BASSETT, KATE BECKINSALE, CHER, ALAN CUMMING, WILLEM DAFOE, JASON DERULO, COLMAN DOMINGO, CYNTHIA ERIVO, RICHARD GERE, GOLDIE HAWN, TOMMY HILFGER, KRIS JENNER, NICK JONAS, MILLA JOVOVICH, HEIDI KLUM, DIANE KRUGER, JULIAN LENNON, EVA LONGORIA, ANDIE MACDOWELL, JULIANNA MARGULIES, DEMI MOORE, CATHERINE O'HARA, VANESSA REDGRAVE, JOELY RICHARDSON, AMBER RILEY, COCO ROCHA, MICHELLE RODRIGUEZ, CARINE ROITFELD, KELLY ROWLAND, ALEXANDER SKARSGRD, STING, SYLVESTER STALLONE, ELLEN VON UNWERTH, DIONNE WARWICK, RUMER WILLIS, JEFFREY WRIGHT, MICHELLE YEOH, AND ZHANG ZIYI.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC POLICY

ENDING THE HIV EPIDEMIC IN THE U.S.

THROUGHOUT THE YEAR, AMFAR WORKED CLOSELY WITH MEMBERS OF THE BIDEN ADMINISTRATION, THE CDC, NATIONAL INSTITUTES OF HEALTH, AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PROMOTE AN EVIDENCED-BASED RESPONSE TO THE U.S. HIV EPIDEMIC AND DISCUSS POLICY INITIATIVES.

AMFAR FOCUSED MUCH OF ITS EFFORTS ON KEEPING DOMESTIC AND INTERNATIONAL HIV FUNDING ON TRACK AND CONTINUING ITS DATA-DRIVEN ADVOCACY OF RATIONAL AND COMPASSIONATE HIV/AIDS-RELATED PUBLIC POLICY, WHILE

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

ENGAGING IN EFFORTS TO EXPAND ACCESS TO PREVENTION, TREATMENT, AND CARE FOR MARGINALIZED POPULATIONS; PROMOTE WOMEN'S HEALTH RESEARCH; INCORPORATE TECHNOLOGY INTO HEALTHCARE DELIVERY, POLICY, RESEARCH, AND EDUCATION; AND PROTECT THE CIVIL RIGHTS OF ALL PEOPLE AFFECTED BY OR VULNERABLE TO HIV/AIDS.

AT CROI 2024, STAFF PRESENTED AN ABSTRACT ON THE NEGATIVE IMPACT OF TITLE X FAMILY PLANNING PROGRAM FUNDING RESTRICTIONS ON HIV TESTING AND DIAGNOSES. THE STUDY FOUND AN OVERALL DECLINE IN REGIONAL HIV TESTING FROM BEFORE AND AFTER THE FEDERAL REGULATION WAS INSTITUTED, LIKELY RELATED TO BOTH THE NEW RESTRICTIONS AND COVID-19. HOWEVER, THE DECLINE IN OVERALL REGIONAL HIV TESTING WAS SIGNIFICANTLY GREATER IN REGIONS HIGHLY IMPACTED BY THE FEDERAL REGULATION, SUPPORTING THE THEORY THAT THE FEDERAL REGULATION DROVE THE REDUCTION IN REGIONAL HIV TESTING AT TITLE X SITES BEYOND TRENDS RELATED TO COVID-19.

ENSURING GLOBAL HEALTH ACCESS

AMFAR MAINTAINS AN ACTIVE ROLE IN GLOBAL ADVOCACY AND POLICY INITIATIVES, AND POLICY STAFF PARTICIPATE IN PEPFAR COUNTRY OPERATIONAL PLAN MEETINGS, THE GLOBAL FUND PARTNERSHIP FORUM, AND THE UN HIGH-LEVEL MEETINGS ON HIV/AIDS. AMFAR ENGAGES IN ADVOCACY WITH HOUSE AND SENATE APPROPRIATIONS COMMITTEES TO SECURE STRONG GLOBAL HIV BUDGETS AND CLOSELY TRACK AND RESPOND TO NEW GLOBAL HEALTH POLICIES. IN 2024, AMFAR PARTICIPATED IN A PEPFAR FIVE-YEAR STRATEGY MEETING, PROVIDED INPUT INTO THE DEVELOPMENT AND IMPLEMENTATION OF THE PEPFAR MID-TERM REVIEW PROCESS, AND HELD SEVERAL MEETINGS WITH PEPFAR STAFF. AMFAR ALSO MET WITH WHO, THE GLOBAL FUND, UNAIDS, AND OTHERS TO DISCUSS THE HIV IMPLICATIONS OF THE GLOBAL GAG RULE.

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

ADDITIONALLY, AMFAR PLAYS A KEY ROLE AS A TECHNICAL ASSISTANCE PROVIDER FOR IN-COUNTRY COMMUNITY-LED MONITORING EFFORTS IN TEN COUNTRIES SOUTH AFRICA, LESOTHO, MALAWI, UGANDA, KENYA, TANZANIA, HAITI, ZIMBABWE, AND (WITH TREAT ASIA) INDIA AND INDONESIA. IN THIS ROLE, AMFAR ENGAGES WITH LOCAL ACTIVISTS AND DATA COLLECTION TEAMS TO ENSURE HIGH-QUALITY DATA ARE PRODUCED FOR HIV SERVICE QUALITY MONITORING AND ADVOCACY INITIATIVES.

AMFAR PARTICIPATED IN NUMEROUS PRESENTATIONS AND PANELS AT MEETINGS AND CONFERENCES THROUGHOUT THE YEAR. STAFF DELIVERED PRESENTATIONS AT THE INTERNATIONAL CONFERENCE ON AIDS AND STIS IN AFRICA IN HARARE, ZIMBABWE, IN DECEMBER 2023. AT THE 25TH INTERNATIONAL AIDS CONFERENCE, AMFAR SUBMITTED SEVEN ABSTRACTS COVERING TOPICS SUCH AS HIV-FOCUSED IMPLEMENTATION SCIENCE AND COMMUNITY-LED MONITORING.

AMFAR PUBLISHED A NEW POLICY BRIEF, DUAL EPIDEMICS: LEVERAGING HIV INFRASTRUCTURE TO SUPPORT HPV PREVENTION, TESTING, AND CERVICAL CANCER ELIMINATION GOALS, THAT EXAMINES HOW HIV AND HPV INTERSECT AND NEGATIVELY IMPACT WOMEN'S HEALTH OUTCOMES, AND HOW SERVICE DELIVERY FOR BOTH COULD BE INTEGRATED. THE BRIEF DESCRIBES DIFFERENT SERVICE INTEGRATION MODELS THAT RANGE FROM TRAINING EXISTING CLINIC STAFF TO ENGAGING BROAD REFERRAL NETWORKS, ALL OF WHICH ARE TAILORED TO THE UNIQUE NEEDS OF WOMEN LIVING WITH HIV. IT ALSO OFFERS CONCRETE RECOMMENDATIONS TO EXPAND PRIMARY PREVENTION WITH ART COVERAGE AND HPV VACCINATION, INCREASE ACCESS TO CERVICAL CANCER SCREENING AND TREATMENT TOOLS, ENHANCE DATA AVAILABILITY, BUILD MULTI-SECTORAL PARTNERSHIPS, AND MAXIMIZE TECHNOLOGICAL INNOVATIONS.

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

IN ADDITION, AMFAR'S POLICY TEAM CO-HOSTED A WEBINAR, ADVANCING GLOBAL HEALTH EQUITY: INVESTING IN INTEGRATED HIV, HPV, AND CERVICAL CANCER INITIATIVES, WITH FUNDERS CONCERNED ABOUT AIDS TO EDUCATE HIV DONORS ON OPPORTUNITIES TO INTEGRATE PROGRAMS ON THESE DISEASES.

EMPOWERMENT THROUGH DATA

AMFAR IS AT THE FOREFRONT OF DATA COLLECTION FOR ADVOCACY PURPOSES, FORTIFYING PUBLIC HEALTH RESPONSES WITH ACCURATE INFORMATION. IN FY2024, FOR EXAMPLE, AMFAR MET WITH CDC STAFF TO INCORPORATE THE AGENCY'S DATA INTO ADDITIONAL HIV-RELATED POLICY ANALYSES.

IN ADDITION, AMFAR MAINTAINS A SUITE OF FREE INTERACTIVE DATABASES THAT ARE INVALUABLE RESOURCES FOR INDIVIDUALS AND ORGANIZATIONS WORKING TO SECURE AND MONITOR HIV-RELATED FUNDING AND TAILOR PROGRAMS TO MEET THE NEEDS OF CLIENTS. ADVOCATES FROM AROUND THE WORLD RELY ON THESE RESOURCES TO EASILY ACCESS DATA AND PREPARE ADVOCACY INITIATIVES. THE FIVE DATABASES ARE:

PEPFAR MONITORING, EVALUATION, AND REPORTING (MER.AMFAR.ORG)

PEPFAR COUNTRY/REGIONAL OPERATIONAL PLANS (COPSDATA.AMFAR.ORG)

KEY POPULATIONS AND KEY POPULATION INVESTMENT FUND (KPIF) DATA PROJECT (KPDATA.AMFAR.ORG)

ENDING THE HIV EPIDEMIC IN THE U.S. (EHE.AMFAR.ORG)

OPIOID & HEATH INDICATORS DATABASE (OPIOID.AMFAR.ORG)

SHARING KNOWLEDGE, AMPLIFYING EXPERTISE

IN APRIL 2024, AMFAR AND PARTNER ORGANIZATIONS RELEASED A REPORT TITLED

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

COMMUNITY ENGAGEMENT IN GLOBAL FUND COUNTRY COORDINATING MECHANISMS:

FINDINGS FROM THE RISE STUDY. THE RISE (REPRESENTATION, INCLUSION, SUSTAINABILITY, AND EQUITY) STUDY IS AN INDEPENDENT, COMMUNITY-OWNED RESEARCH PROJECT CO-SPONSORED BY AMFAR THAT EXAMINES THE GRANTMAKING PROCESSES OF THE GLOBAL FUND TO FIGHT TB, MALARIA AND AIDS. STUDY AUTHORS CONDUCTED A SURVEY AS WELL AS IN-DEPTH INDIVIDUAL INTERVIEWS WITH OVER 650 ELIGIBLE PARTICIPANTS FROM 83 COUNTRIES. THE RISE STUDY WAS HONORED WITH THE PRESTIGIOUS 2024 ROBERT CARR RESEARCH AWARD AT THE 2024 INTERNATIONAL AIDS CONFERENCE.

THROUGHOUT THE YEAR, AMFAR STAFF PUBLISHED ARTICLES ON A RANGE OF TOPICS IN ACADEMIC AND POLICY JOURNALS:

THE LANCET HIV, OCTOBER 2024, "THE LONG WAIT FOR LONG-ACTING HIV PREVENTION AND TREATMENT FORMULATIONS"

THE LANCET HIV, JULY 2024, "IS HIV EPIDEMIC CONTROL BY 2030 REALISTIC?"

PLOS GLOBAL PUBLIC HEALTH, JUNE 2024, "FACILITATORS AND BARRIERS TO COMMUNITY-LED MONITORING OF HEALTH PROGRAMS: QUALITATIVE EVIDENCE FROM THE GLOBAL IMPLEMENTATION LANDSCAPE"

THE HILL, JUNE 2024, "AIDS AMNESIA IS PUTTING WOMEN'S LIVES AT RISK" JOURNAL OF THE INTERNATIONAL AIDS SOCIETY, DECEMBER 2023, "THERE IS NO PATH TO ENDING AIDS BY 2030 WITHOUT IMPROVING HUMAN RIGHTS"

EXPENSES \$ 2,123,875. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE

Name of the organization

THE FOUNDATION FOR AIDS RESEARCH

Employer identification number

13-3163817

FORM 990 WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF AMFAR ("FOUNDATION") IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE FOUNDATION. THE FOUNDATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15:

AMFAR ("FOUNDATION FOR AIDS RESEARCH") UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES IS REASONABLE GIVEN THE MARKET IN WHICH THE FOUNDATION OPERATES. AN INDEPENDENT CONSULTING FIRM QUALIFIED IN THE AREA OF NONPROFIT COMPENSATION PREPARES AN ANALYSIS OF MARKET COMPENSATION RANGES BY JOB FUNCTION AND PRESENTS IT TO THE COMPENSATION COMMITTEE OF THE BOARD. AMFAR'S LAST INDEPENDENT COMPENSATION STUDY WAS CONDUCTED IN AUGUST OF 2020 TO ENSURE THAT THE PRESIDENT & CEO'S COMPENSATION IS REASONABLE GIVEN THE MARKET IN WHICH THE FOUNDATION OPERATES.

ON THE BASIS OF THIS INFORMATION, STAFF COMPENSATION IS DETERMINED ACCORDING TO SALARY RANGES APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD, IN CONSULTATION WITH THE CEO AND CFO. CEO COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD

Name of the organization	THE FOUNDATION FOR AIDS RESEARCH	Employer identification number	13-3163817
--------------------------	----------------------------------	--------------------------------	------------

UTILIZING THE INDEPENDENT CONSULTANT ANALYSIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT
VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

AMFAR MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS
PLACE OF BUSINESS AND ON ITS WEBSITE, WWW.AMFAR.ORG. THE FORM 990 IS
LIKewise PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE FOUNDATION'S
FINANCIAL STATEMENTS ARE MADE AVAILABLE IN ITS ANNUAL REPORT AND ON ITS
WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED
WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OVERACCRUAL OF GRANT EXPENSE	-296,424.
WRITE OFF OF UNCOLLECTIBLE PLEDGES	-499.
TOTAL TO FORM 990, PART XI, LINE 9	-296,923.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

Name of person filing this return

Filer's identifying number

THE FOUNDATION FOR AIDS RESEARCH

13-3163817

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

120 WALL STREET, 13TH FLOOR

City or town, state, and ZIP code

NEW YORK, NY 10005-3908

Filer's tax year beginning **OCT 1**, 20**23**, and ending **SEP 30**, 20**24**

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

Check here ☐ FDE of a U.S. person ☐ FDE of a controlled foreign corporation (CFC) ☐ FDE of a controlled foreign partnership
☒ FB of a U.S. person ☐ FB of a CFC ☐ FB of a controlled foreign partnership

Check here ☐ Initial Form 8858 ☐ Final Form 8858

1a Name and address of FDE or FB

**THE FOUNDATION FOR AIDS RESEARCH
21 FLOOR, SUITE 2104, 388 SUKHUMVIT
BANGKOK
THAILAND 10110**

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)

1

c For FDE, country(ies) under whose laws organized and entity type under local tax law

THAILAND BRANCH

d Date(s) of organization

04 04 06

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted

THAILAND

h Principal business activity

FOUNDATION

i Functional currency

THB

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 1

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Form 8858 (Rev. 9-2021)

Page 2

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box ☒ **X**

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	1	
2	Cost of goods sold	2	
3	Gross profit (subtract line 2 from line 1)	3	
4	Dividends	4	
5	Interest	5	
6	Gross rents, royalties, and license fees	6	
7	Gross income from performance of services	7	
8	Foreign currency gain (loss)	8	
9	Other income	9	
10	Total income (add lines 3 through 9)	10	
11	Total deductions (exclude income tax expense)	11	60,948,762. 1,719,618.
12	Income tax expense	12	
13	Other adjustments	13	
14	Net income (loss) per books	14	-60,948,762. -1,719,618.

Schedule C-1 Section 987 Gain or Loss Information

		(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1	Remittances from the FDE or FB	1	
2	Section 987 gain (loss) recognized by recipient	2	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
4	Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	1	174,070. 414,917.
2	Other assets	2	36,587. 43,830.
3	Total assets	3	210,657. 458,747.
Liabilities and Owner's Equity			
4	Liabilities	4	16,007. 22,459.
5	Owner's equity	5	194,650. 436,288.
6	Total liabilities and owner's equity	6	210,657. 458,747.

Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form 8858 (Rev. 9-2021)

Page **3****Schedule G Other Information** (continued)

	Yes	No
6 Is the FDE or FB a qualified business unit as defined in section 989(a)?	X	
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>		
7a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
8a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		X
b Enter the total amount of the base erosion payments \$		
c Enter the total amount of the base erosion tax benefit \$		
9 Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		X
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
10a If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss ▶ \$ (.....		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ▶ \$ (.....		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ▶ \$		
12a Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ▶ \$ See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1 Current year net income (loss) per foreign books of account	1	- 60,948,762.
2 Total net additions	2	
3 Total net subtractions	3	
4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	- 60,948,762.
5 DASTM gain (loss) (if applicable)	5	
6 Combine lines 4 and 5	6	- 60,948,762.
7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	- 1,719,618.
8 Enter exchange rate used for line 7 35.443200 ▶		

Form 8858 (Rev. 9-2021)

Page **4****Schedule I Transferred Loss Amount** (see instructions)**Important:** See instructions for who has to complete this section.

	Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858** (Rev. 9-2021)

Transactions Between Foreign Disregarded Entity (FDE) or
Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

► Attach to Form 8858.

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858

THE FOUNDATION FOR AIDS RESEARCH

Identifying number

13-3163817

Name of FDE or FB

THE FOUNDATION FOR AIDS RESEA

U.S. identifying number, if any

Reference ID number (see instructions)

1

Name of tax owner

THE FOUNDATION FOR AIDS RESEARCH

U.S. identifying number, if any

13-3163817

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

35.443200

Enter the relevant functional currency and the exchange rate used throughout this schedule ► THAILAND, BAHT

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

FORM 8858		ORGANIZATIONAL CHART		STATEMENT 1	
NAME OF ENTITY IN CHAIN OF OWNERSHIP		PERCENT OF OWNERSHIP	FDE'S POSITION		COUNTRY ORGANIZED
TAX CLASSIFICATION					

THE FOUNDATION FOR AIDS RESEAR100.0000%BRANCHUS

DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION

ATTACHMENT FOR FORM 8858, LINE 5

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
SEPTEMBER 30, 2024

PREPARED FOR:

THE FOUNDATION FOR AIDS RESEARCH
120 WALL STREET, 13TH FLOOR
NEW YORK, NY 10005-3908

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
500 MAMARONECK AVENUE, SUITE 301
HARRISON, NY 10528-1633

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
SEPTEMBER 30, 2024

PREPARED FOR:

THE FOUNDATION FOR AIDS RESEARCH
120 WALL STREET, 13TH FLOOR
NEW YORK, NY 10005-3908

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
500 MAMARONECK AVENUE, SUITE 301
HARRISON, NY 10528-1633

AMOUNT OF TAX:

BALANCE DUE OF \$800

MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

MAIL TAX RETURN TO:

REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

AUGUST 15, 2025

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 10/01/2023, and ending (mm/dd/yyyy) 09/30/2024

Corporation/Organization name

THE FOUNDATION FOR AIDS RESEARCH

Additional information. See instructions.

California corporation number

1657604

FEIN

13-3163817

Street address (suite or room)

120 WALL STREET, 13TH FLOOR

City

NEW YORK

State

NY

ZIP code

10005-3908

Foreign country name

Foreign province/state/county

Foreign postal code

A First return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return?		L Is the organization a limited liability company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		M Did the organization file Form 100 or Form 109 to report taxable income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy)		N Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		O Is federal Form 1023/1024 pending? Date filed with IRS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series			
G Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H Is this organization in a group exemption? If "Yes," what is the parent's name?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	9,476,679	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	39,707,167	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	49,183,846	00
	5	Cost of goods sold	5	169	00
	6	Cost or other basis, and sales expenses of assets sold	6	7,438,984	00
	7	Total costs. Add line 5 and line 6	7	7,439,153	00
	8	Total gross income. Subtract line 7 from line 4	8	41,744,693	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	46,464,408	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-4,719,715	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 of which preparer has any knowledge.				
	Signature of officer	Title CFO & COO	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	MELISSA MODELSON	Date 08/06/25	Check if self-employed	• PTIN P01603524
	Firm's name (or yours, if self-employed) and address	PKF O'CONNOR DAVIES ADVISORY, LLC 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633			• Firm's FEIN 33-1374517
					• Telephone 914-381-8900
		May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2		00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income	•	7		00
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8		00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11		0 00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements	•	17		00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18		00

Schedule L Balance Sheet**Beginning of taxable year****End of taxable year**

	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				•
12 Other assets				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NEW YORK STATE DEPARTMENT OF HEALTH	CORNING TOWER EMPIRE STATE PLAZA ALBANY, NY 12237		5,075,553.
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	9000 ROCKVILLE PIKE BETHESDA, MD 20892		3,207,015.
CHRISTIAN LEVETT	LUNGARNO AMERIGO VESPUCCI, 18 FIRENZE ITALY 50123		1,504,160.
EDWARD AND SASHA BASS	201 MAIN STREET #3100 FORT WORTH, TX 76102		867,800.
JOEL SCHNEE TRUST	3125 OLD CONEJO ROAD THOUSAND OAKS, CA 91320		800,000.
SCOTT FLETCHER	FERNSIDE, FROG LANE KNUTSFORD UNITED ARAB EMIRATES WA16 0LJ		786,263.
RED SEA FILM FESTIVAL	8051 AL-MADINAH AL-MUNAWRAH ROAD JEDDAH SAUDI ARABIA		750,000.
CHOPARD & CIE S.A.	21 EAST 63RD STREET NEW YORK, NY 10065		667,216.
DAVID AND ANN SUTHERLAND	5753 BERKSHIRE LANE DALLAS, TX 75209-2401		630,000.
LEN BLAVATNIK	730 FIFTH AVENUE, 20TH FLOOR NEW YORK, NY 10019		516,159.
TOTAL INCLUDED ON LINE 3			14,804,166.

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5	STATEMENT 2
COST OF GOODS SOLD		
1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	169	
6. ADD LINES 1 THROUGH 5		169
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		169

CA 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
EXPENSES		169.
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		169.

**2023 Political or Legislative Activities by
Section 23701d Organizations**
3509For calendar year 2023 or fiscal year beginning (mm/dd/yyyy) 10/01/2023, and ending (mm/dd/yyyy) 09/30/2024.**Attach to Form 199.** FTB 199N filers see instructions.

Corporation/Organization name THE FOUNDATION FOR AIDS RESEARCH			California corporation number 1657604
Street address (suite, room, or PMB no.) 120 WALL STREET, 13TH FLOOR			FEIN 13-3163817
City NEW YORK	State NY	ZIP code 10005-3908	

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

- 1** Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? **1** ☐ Yes ☒ No
If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

- 2** Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? **2** ☐ Yes ☒ No
If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

- 3** Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? **3** ☒ Yes ☐ No
If "Yes," See instructions.
SEE STATEMENT 4

- 4a** Has the organization, during the 2023 taxable year, filed a federal Form 5768? **4a** ☐ Yes ☒ No
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.
If "No", go to question 4b and see instructions.

- 4b** Has the organization filed a federal Form 5768 in a prior year that has not been revoked? **4b** ☐ Yes ☒ No
Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

5 Exempt Purpose ExpendituresThe total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose **5** _____ 00**6 Lobbying Expenditures**The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation **6** _____ 00**7 Grass Roots Expenditures**The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it **7** _____ 00

CA 3509

STATEMENT 4

THE FOUNDATION FOR AIDS RESEARCH DEVELOPED AN ACTION AGENDA TO END AIDS THAT IDENTIFIED CRITICAL DECISIONS THAT NEED TO BE MADE TO ADVANCE EVIDENCE BASED AIDS POLICIES. WE CREATED A VARIETY OF ISSUE BRIEFS ON TOPICS SUCH AS THE POTENTIAL IMPACT OF VARIOUS BUDGET SCENARIOS ON GLOBAL HEALTH SERVICES, AND POLICY PRIORITIES TO ADDRESS THE HIV EPIDEMIC AMONG GAY MEN IN THE US. THESE ISSUE BRIEFS WERE SHARED WITH CAPITOL HILL STAFF AND MEMBERS OF THE ADMINISTRATION. AMFAR MET REGULARLY WITH STAFF TO MEMBERS OF CONGRESS AND WITH ADMINISTRATION STAFF, AND WE PROVIDED INPUT TO THE ADMINISTRATION ON DEVELOPMENT OF THE PEPFAR BLUEPRINT FOR AN AIDS FREE GENERATION. AMFAR SPONSORED SEVERAL BRIEFINGS ON CAPITOL HILL ON AIDS POLICY AND RESEARCH ISSUES. AMFAR USES THESE BRIEFINGS AS AN EDUCATIONAL TOOL.

THE FOUNDATION ENGAGED AN INDEPENDENT CONSULTANT TO ENGAGE IN LOBBYING ACTIVITIES ON ITS BEHALF. FEES PAID TO THIS CONSULTANT TOTALED \$100,000 IN THE FISCAL YEAR ENDING SEPTEMBER 30, 2024.

ITEM	EXPENSE
OTHER ACTIVITIES	244,797.

TAXABLE YEAR
2023**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name

Identifying number

THE FOUNDATION FOR AIDS RESEARCH**13-3163817****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	49,183,846
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	41,744,693
3	Total expenses and disbursements (Form 199, line 9)	3	46,464,408
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023**6** ☐ Direct Deposit of refund (Form 109 only.)**7** ☐ Electronic funds withdrawal **7a** Amount**7b** Withdrawal date (mm/dd/yyyy)**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)**10** Routing number _____**11** Account number _____**12** Type of account: ☐ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of officer

Date

**CFO & COO**

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	PKF O'CONNOR DAVIES ADVISOR	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01603524
Must Sign	Firm's name (or yours if self-employed) and address	PKF O'CONNOR DAVIES ADVISORY, LLC 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY				Firm's FEIN 33-1374517
						ZIP code 10528-1633

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			Firm's FEIN
				ZIP code

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

THE FOUNDATION FOR AIDS RESEARCH

Name of Organization

AIDS RESEARCH FOUNDATION; AMFAR

List all DBAs and names the organization uses or has used

120 WALL STREET, 13TH FLOOR

Address (Number and Street)

NEW YORK, NY 10005-3908

City or Town, State, and ZIP Code

212-806-1600

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report
☐ Organization requests email notifications

State Charity Registration Number **083571**

Corporation or Organization No. **1657604**

Federal Employer ID No. **13-3163817**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning **10/01/2023** ending **09/30/2024**) list:

Total Revenue (including noncash contributions) \$ **24,845,796** Noncash Contributions \$ **241,641** Total Assets \$ **53,354,032**
Program Expenses \$ **20,617,150** Total Expenses \$ **29,565,511**

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

SHAWN DAVIDSON

CFO & COO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 6

NYS DEPARTMENT OF HEALTH
CORNING TOWER EMPIRE STATE PLAZA
ALBANY, NY 12237

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
9000 ROCKVILLE PIKE
BETHESDA, MD 20892