#### AIDS VACCINE ADVOCACY COALITION

#### **TAX RETURNS**

YEAR ENDED DECEMBER 31, 2022



PUBLIC\_DISCLOSURE COPY - STATE REGISTRATION NO. 7-21-95

## Return of Organization Exempt From Income Tax

Form **990** 

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.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service  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.											
			,		tormation.	Inspection					
_				ending							
	heck if pplicab		organization		D Employer identification	ation number					
	¬Addre	ess ATDC	VACCINE ADVOCACY COALITION								
H	chang Name chang	9	usiness as		94-324084	1					
H	<u>. T</u>										
H	returr □Final	ים.ד.דים	and street (or P.O. box if mail is not delivered to street address)  NOFF GROSSM, 1345 6TH AVE	E Telephone number 212 796 -	6423						
L	⊒returr termi	ñ-	,	FL11	G Gross receipts \$	14,790,975.					
	ated	nded NTETAT	own, state or province, country, and ZIP or foreign postal code YORK, NY 10105-0013								
$\vdash$	returr ∏Appli		nd address of principal officer: MITCHELL WARREN		<b>H(a)</b> Is this a group ret for subordinates?						
	⊥tion pend		LLENOFF GR , ATTN A FUGAZY, 1345 6	тн ду	H(b) Are all subordinates inc	·····= =					
	- OV OV	cempt status:			1	st. See instructions					
	Vebs		AVAC.ORG	01 321	H(c) Group exemption						
		f organization:		1 Year	<del>'                                    </del>	State of legal domicile; <b>DE</b>					
	rt I	Summary	corporation   Tract   Tract	<b>L</b> 1001	01 101111ation. 233   141	Otate of logal dofficite, 22					
	1		e the organization's mission or most significant activities: ACCE	LERATE	THE ETHICAL						
<u>9</u>	'		MENT OF EFFECTIVE HIV (CONTINEUD O								
Governance	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset									
Ver	3	Number of vot	3	15							
	4		4	14							
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			36					
jŧ.	6		of volunteers (estimate if necessary)			0					
Ę	7 a				7a	0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.					
					Prior Year	Current Year					
Φ	8	Contributions	and grants (Part VIII, line 1h)		10,786,718.	14,776,117.					
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.					
ě	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		2,701.	14,271.					
<u> </u>	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		387.	587.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,789,806.	14,790,975.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		5,417,457.	5,141,860.					
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.					
S	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		5,792,779.	6,017,046.					
benses	16a		undraising fees (Part IX, column (A), line 11e)	L	0.	0.					
8	ĺЬ	Total fundraisi	ng expenses (Part IX, column (D), line 25) 53,56	b1.							

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 Signature of officer			ELECTIONICALLY FILED WITH							
	ABIGAIL SMITH, CFO		LLECTIONICALLITIE	LD VVII	THE INS					
	Type or print name and title									
	Print/Type preparer's name		Preparer's signature	Date	Check PTIN					
Paid	WILLIAM EPSTEIN				self-employed P01307171					
Preparer	Firm's name EISNER ADVISORY	G.	ROUP LLC		Firm's EIN 87-1353108					
Use Only	Use Only Firm's address 733 THIRD AVENUE									
	NEW YORK, NY 10	01	7-2703		Phone no. 212-949-8700					
May the II	RS discuss this return with the preparer shown	ı abo	ve? See instructions		X Yes No					

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

2,369,677.

13,528,583.

End of Year 7,187,054.

1,262,392.

6,386,938

800,116.

2,547,277.

13,757,513.

 $-2,9\overline{67,707}$ 

6,185,031.

1,060,485.

5,124,546.

**Beginning of Current Year** 

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AIDS VACCINE ADVOCACY COALITION 94-3240841 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your ELLENOFF GROSSM, 1345 6TH AVE, FL11 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10105-0013 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ABIGAIL SMITH, CFO - C/O ELLENOFF GR, ATTN A FUGAZY, The books are in the care of ► 1345 6TH AVE, FL 11 - NEW YORK, NY 10105 Telephone No. ► 917-543-5720 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

ld Other program services (Describe on Schedule O.)

(Expenses \$ 2,520,211. including grants of \$

552,213.) (Revenue \$

**4e** Total program service expenses

11,804,656.

# Form 990 (2022) AIDS VACCINE ADVOCACY COALITION 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)?			
	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ \ <sub>\\\\</sub>
	complete Schedule G, Part III	19		X
20a	t in the state of	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	990 (2022) AIDS VACCINE ADVOCACY COALITION 94	-3240841	Р	age 4
Pai	rt 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	ـــــ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt below the organization has been at tax-exempt below the organization have a tax-exempt below to tax-exempt below the organization have a tax-exempt below the organi	:he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee	<del>)</del> ,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I	// <b>27</b>		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	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)? If "Yes," complete Schedule R, Part V, line 2			_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ation?		
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
<b>D</b>	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لــــــــــــــــــــــــــــــــــــــ
	1 1	24	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	31		

	Office it ochedule of contains a response of flote to any life in this rait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		

022) AIDS VACCINE ADVOCACY COALITION

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

			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 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	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		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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		
	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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	, , , , , , , , , , , , , , , , , , ,			
_	organization is licensed to issue qualified health plans  13b			
C	Enter the amount of reserves on hand	44-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	15		Х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	15		22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		25
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?	17		
	If "Yes," complete Form 6069.	<u> </u>		
	, ,			

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			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 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 1b 14							
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?	2		Х				
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?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5								
6	Did the organization have members or stockholders?	6		Х				
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?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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	9		Х				
Sec	tion 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?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X					
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	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?	16a		_X_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X 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	financ	cial					
	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							
	ABIGAIL SMITH, CFO - 917-543-5720							
	C/O ELLENOFF GR, ATTN A FUGAZY, 1345 6TH AVE, FL 11, NEW YORK, N	Y	101	05				

22006 12.13.22

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson is	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MITCHELL WARREN	50.00							200 201	•	62 402
EXECUTIVE DIRECTOR	40.00	Х		Х				380,391.	0.	63,403.
(2) ERIN KIERNON	40.00	-		3,7				240 (12	0	FC 2F1
CHIEF OPERATING OFFICER	40.00			Х				240,612.	0.	56,351.
(3) ABIGAIL SMITH CHIEF FINANCIAL OFFICER	40.00			х				205,567.	0.	57,951.
(4) STACEY HUMPHRIES	40.00							20070071		31,73321
DIRECTOR: RESEARCH ENGAGEMENT		1				x		178,707.	0.	56,085.
(5) MANJU CHATANI	40.00									
DIRECTOR: PARTNERSHIPS & CAPACITY ST		1				x		187,879.	0.	43,194.
(6) WANDA BUCKNER	40.00							·		<u>,                                      </u>
DIRECTOR: FINANCE						Х		165,791.	0.	55,041.
(7) GRANT DEIRDRE	40.00									
DIRECTOR: PROGRAM COORDINATION						Х		158,631.	0.	24,116.
(8) JESSICA RODRIGUES	40.00									
DIRECTOR: PRODUCT INTRODUCTION						X		158,028.	0.	18,473.
(9) ALEXANDRE MENEZES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANNE-MARIE DULIEGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BLAIR HANEWALL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(12) CATE HANKINS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) DAVID COOK	1.00	l								
TREASURER		Х		Х				0.	0.	0.
(14) ELIZABETH BUKUSI	1.00	ļ								
SECRETARY	1 00	Х		Х				0.	0.	0.
(15) JEFF O'MALLEY	1.00	ļ							•	
BOARD MEMBER	1 00	Х				_	_	0.	0.	0.
(16) JESSE MILAN	1.00	٠,							•	^
BOARD MEMBER	1 00	X	$\vdash$			-		0.	0.	0.
(17) JINTANAT ANANWORANICH	1.00								_	^
BOARD MEMBER		X						0.	0.	990 (2022)

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box,	not ch unles cer an	(C Posi neck r	ition	than c	ne an	(D) Reportable compensation	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below	box, offic	not ch unles cer an	neck r ss per	more son is	than c s both	an		•	Estimated
C	hours for related organizations below	trustee or director	tee				Position (do not check more than one box, unless person is both an officer and a director/trustee)		compensation from related	amount of other
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) KENLY SIKWESE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) LINDA-GAIL BEKKER BOARD MEMBER	1.00	x						0.	0.	0.
(20) MARINA CASKEY	1.00								•	
BOARD MEMBER		х						0.	0.	0.
(21) SARAH SCHLESINGER	1.00									
BOARD MEMBER (UNTIL 12/2022)		Х						0.	0.	0.
(22) SUSIE MCLEAN BOARD MEMBER	1.00	Х						0.	0.	0.
(23) VUYISEKA DUBULA	1.00									
BOARD MEMBER (UNTIL 12/2022)		Х						0.	0.	0.
(24) YVONNE MUTHONI	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal		1,675,606.	0.	374,614.						
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,675,606.	0.	374,614.

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

Yes No

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

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

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

X

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)	(B)	(C)
Name and business address	Description of services	Compensation
KAY MARSHALL	COMMUNICATION	
176 DEAN STREET, BROOKLYN, NY 11217	SERVICES	207,205.
JENNIFER BRUNET	COMMUNICATION	
2962 BURR STREET, FAIRFIELD, CT 06824	SERVICES	139,563.
ALLEGIANCE FUNDRAISING LLC	WEBSITE DESIGN	
PO BOX 9132, FARGO, ND 58106	SERVICES	100,820.
2 Total number of independent contractors (including but not limited to those	e listed above) who received more than	

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8

\$100,000 of compensation from the organization

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Part VIII Statement of Revenue

			Check if Schedule O contains a	a response o	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events						
fts,									
ij gi			Related organizations		6,114,610.				
ons,			Government grants (contributions)		0,114,010.				
utic		T	All other contributions, gifts, grants, an		8,661,507.				
ĕ			similar amounts not included above		8,001,307.				
ont		_	Noncash contributions included in lines 1a-1f	1g  \$		14 776 117			
O g		n	Total. Add lines 1a-1f		Design Code	14,776,117.			
					Business Code				
ce	2	а							
ervi		b							
Program Service Revenue		С							
ran Sev		d							
og F		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)			14,271.			14,271.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			` '	Securities	(ii) Other				
	-	_	assets other than inventory 7a						
		h	Less: cost or other basis						
Φ		~	and sales expenses						
her Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
푸			Gross income from fundraising events	I .	<u> </u>				
Oth	0	а	including \$	·					
١			contributions reported on line 1c).	_					
			•	I					
		<b>L</b>	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraisir	-					
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return	I .					
			and allowances						
			Less: cost of goods sold		•				
$\rightarrow$		С	Net income or (loss) from sales of in	nventory					
က္					Business Code				
e e	11	а	OTHER INCOME		900099	587.	587.		
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			587.			
	12		Total revenue. See instructions			14,790,975.	587.	0.	14,271.

Sooti	on 501(a)(2) and 501(a)(4) arganizations must some	aloto all columns. All other	or organizations must son	anlata aalumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			прієте соіитп (А).	X
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	Схропаса
•	and domestic governments. See Part IV, line 21	1,252,452.	1,252,452.		
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	3,889,408.	3,889,408.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,004,275.	792,969.	209,396.	1,910.
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	3,660,773.	2,890,523.	763,289.	6,961.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	125,108.	98,784.	26,086.	238. 1,789.
9	Other employee benefits	941,182.	743,152.	196,241.	1,789.
10	Payroll taxes	285,708.	225,593.	59,572.	543.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,666.		10,666.	
	Accounting	43,574.		43,574.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 026 461	0.47 0.40	40 560	20 050
	column (A), amount, list line 11g expenses on Sch O.)	1,036,461.	947,042.	49,569.	39,850.
12	Advertising and promotion	100 006	108,261.	72 627	0.4.0
13	Office expenses	182,836. 83,383.	108,201.	73,627. 83,383.	948.
14	Information technology	03,303.		03,303.	
15	Royalties				
16	Occupancy	222,082.	197,075.	25,007.	
17	Travel	222,002.	191,013.	23,007.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	522,102.	497,831.	23,447.	824.
19 20		J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	151,051	20,1110	044.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	23,617.		23,617.	
24	Other expenses, Itemize expenses not covered	==,,==,		= 3 , 3 = . 1	
	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 0.)				
а	REPORTS AND PUBLICATION	120,545.	120,531.	14.	
b	PROCESSING FEES	108,662.	39,542.	68,622.	498.
c	TELEPHONE	15,749.	1,493.	14,256.	
d		·			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,528,583.	11,804,656.	1,670,366.	53,561.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Par	τx	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,219,744.	1	1,247,282
	2	Savings and temporary cash investments			3,861,782.	2	4,679,392
	3	Pledges and grants receivable, net			1,080,083.	3	1,134,396
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of the		5			
	6	controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9				23,422.	9	125,984
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	167,484.			
	b	Less: accumulated depreciation	10b	167,484.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	l1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	6,185,031.	16	7,187,054
	17	Accounts payable and accrued expenses			474,016.		599,177
	18	Grants payable			586,469.	18	200,939
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of the	-			22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D			1 060 405	25	900 116
	26	<u> </u>			1,060,485.	26	800,116
s		Organizations that follow FASB ASC 958, che	ck her	e X			
JCe	0=	and complete lines 27, 28, 32, and 33.			12 /2/		0
alai	27				-12,424. 5,136,970.		6,386,938
d B	28	Net assets with donor restrictions			3,130,370.	28	0,300,330
Ē		Organizations that do not follow FASB ASC 9	58, cne	ck nere			
ĕ	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			5,124,546.	31	6,386,938
ž	32	Total net assets or fund balances			6,185,031.	32	
	33	Total liabilities and net assets/fund balances .			0,100,031.	33	7,187,054

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	14,79 13,52 1,26 5,12	8,5 2,3	83. 92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Doi	column (B))	10	6,38	6,9	38.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule  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 separate basis, consolidated basis, or both:		2a	. 50	X
b	Separate basis Consolidated basis Both consolidated and separate basis  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 consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis		2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2c	X	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3a	X X	
			Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization AIDS VACCINE ADVOCACY COALITION 94-3240841 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22414665.	12038507.	12217459.	10786718.	14776117.	72233466.
2	Tax revenues levied for the organ-						
	ization'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	22414665.	12038507.	12217459.	10786718.	14776117.	72233466.
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)						41633527.
6	Public support. Subtract line 5 from line 4.						30599939.
	ction B. Total Support						p c c c c c c c c c c c c c c c c c c c
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	22414665.	12038507	12217459.	10786718	14776117.	72233466.
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,576.	22,945.	5,666.	2,701.	14,271.	70,159.
۵	Net income from unrelated business	21,370.	22,545.	3,000.	2,701.	14,2/14	70,133.
9							
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	•						
	or loss from the sale of capital	2,428.	2,503.	1,469.	387.	587.	7,374.
44	assets (Explain in Part VI.)	2,420.	2,303.	1,400.	307.	307.	72310999.
	<b>Total support.</b> Add lines 7 through 10	ata (annimaturatio				12	72310333.
	Gross receipts from related activities,	•	,				
13	First 5 years. If the Form 990 is for the						
Sa	organization, check this box and stoction C. Computation of Publi						·····
	Public support percentage for 2022 (			actions (f)		14	42.32 %
						15	36.01 %
	Public support percentage from 2021						
102	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
r	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qua						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organi	zation
	meets the facts-and-circumstances to	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2022

232022 12-09-22

#### 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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

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#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	9a		
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	10a		
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Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	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?	3	
	A family member of a person described on line 11a above?	)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations	1	_
		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 <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove 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.		
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,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>	tion 6. Type it supporting Organizations		Τ
_	Ways a spaintiful of the comparisor to direct one out to obtain a the target of the control of the direct one	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		
Sec	the supported organization(s).  tion 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	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described 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 <b>Part VI</b> the role the organization's		
	supported organizations played in this regard.		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.		
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.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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.		_
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.		

Schedule A (Form 990) 2022 AIDS VACCINE ADVOCACY COALITION 94-324084	
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 ins	tructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	

Sect	ion A - Adjusted Net Income	i dompide e	(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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona instructions).	lly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

## Schedule B

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Name of the organization

(Form 990)

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

Employer identification number

A	AIDS VACCINE ADVOCACY COALITION 94-3240841						
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	said Bula Con instructions					
Note: Only a section 501(	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	iciai Ruie. See instructions.					
General Rule							
	cion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions ny one contributor. Complete Parts I and II. See instructions for determining a cont						
Special Rules							
sections 509(a)(1 contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% so 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun EZ, line 1. Complete Parts I and II.	16b, and that received from any one					
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.							
year, contribution is checked, ente purpose. Don't c	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
aution: 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 iswer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2 Name of organization Employer identification number

#### AIDS VACCINE ADVOCACY COALITION

94-3240841

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,672,331.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,902,189</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 500,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 749,639.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 374,917.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

### AIDS VACCINE ADVOCACY COALITION

94-3240841

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### AIDS VACCINE ADVOCACY COALITION

94-3240841

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15-			Schedule R (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** AIDS VACCINE ADVOCACY COALITION 94-3240841 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **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 Inspection

Name of the organization

AIDS VACCINE ADVOCACY COALITION

**Employer identification number** 94-3240841

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  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 v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e 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	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

Oak	ATDC VA	CCINE ADVO	CACY COALT	TT ON	0.4 _ 3	240841	1 5.	2
	dule D (Form 990) 2022 ALDS VA t III Organizations Maintaining C							age Z
3	Using the organization's acquisition, accessi					-	iueu)	
	collection items (check all that apply):	<b>,</b>	-,	· · · · · · · · · · · · · · · · · · ·	<b>-</b>			
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е		<b>3</b> . <b>3</b>				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's exe	empt purpose in Pa	art XIII.		
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma					Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes" o	n Form 990, Part I	, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	is or other assets not	t included			_
	on Form 990, Part X?				[	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						Amount	<u>t</u>	
С	Beginning balance				1c			
d	Additions during the year				I I			
е	Distributions during the year				I I			
f	Ending balance							
	Did the organization include an amount on F				•	Yes		∐ No
Pa	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four	Veare	hack
4.	Designing of year balance	(a) Current year	(b) Frior year	(C) TWO years back	(u) Tillee years bac	,K (E) I Oui	years	Dack
_	Beginning of year balance					+		
b	Contributions					+		
c d	Net investment earnings, gains, and losses Grants or scholarships					+		
	Other expenditures for facilities					+		
·	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	•	e (line 1a. column (a	a)) held as:	•			
а	Board designated or quasi-endowment	,	%	,,				
b	Permanent endowment	%	_					
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered for t	the	_		
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o	thor (h) Coo	t or other (a)	Accumulated	(d) Dool	برياميريا	^

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		39,159.	39,159.	0.
<b>d</b> Equipment		122,292.	122,292.	0.
e Other		6,033.	6,033.	0.
Total Add lines 1a through 1e (Column (d) must seus	LF 000 Bt V	(D) (in- 10-)		0 -

Schedule D (Form 990) 2022

	Complete if the organization answered "Ves" (	on Form 000 Part IV line	11b. See Form 990, Part X, line 12.	
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
Financia	ll derivatives		1	
	held equity interests			
Other	noid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	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	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>al</b> . (Col. (b	o) must equal Form 990, Part X, col. (B) line 13.)			
art IX	Other Assets.			
	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
		on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			11d. See Form 990, Part X, line 15.	(b) Book value
			11d. See Form 990, Part X, line 15.	(b) Book value
(2)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) I	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description		(b) Book value
(8) (9)	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) al. (Colunart X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) al. (Colunart X )	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) al. (Colunart X ) (1) Fedo (2) (3)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (al. (Colul art X	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (al. (Coluntart X )  (1) Feddo(2) (3) (4) (5)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (al. (Colun art X (2) (3) (4) (5) (6)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (al. (Colun art X ] (1) Fed (2) (3) (4) (5) (6) (7)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) al. (Colument X ) (1) Feed (2) (3) (4) (5) (6) (7) (8)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) al. (Colun art X (2) (2) (3) (4) (5) (6) (7)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7) (8) (9) (9)	(a) I  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	15.)on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value

Schedule D (Form 990) 2022

Pai	<b>t XI</b> Reconciliation of Revenue per Audited Financial St		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	<u> </u>	14 500 055
1	Total revenue, gains, and other support per audited financial statements		1	14,790,975.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	I I		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	14,790,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XII   Reconciliation of Expenses per Audited Financial S	2.)	5	14,790,975.
Pa			ises per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,		<u> </u>	12 500 500
1	Total expenses and losses per audited financial statements		1	13,528,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	13,528,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			U.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	13,528,583.
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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.		
D 3 T	OM V TIND O			
PAF	RT X, LINE 2:			
<b>7</b> 7 7 7	AG TG GUDTEGE EO EUE DROUTGTONG OF EUE	DT3333GT3T 3.GGO		331D3 DDG
AVA	AC IS SUBJECT TO THE PROVISIONS OF THE	FINANCIAL ACCO	UNTING ST	ANDARDS
D 0 7			/    a a a    \   m	ODIG 740
BO	ARD'S (THE "FASB") ACCOUNTING STANDARDS	6 CODIFICATION	("ASC") T	OPIC /40,
T37/		A AND DEDODERNO	HOD INIGH	D.
TMC	COME TAXES, AS IT RELATES TO ACCOUNTING	AND REPORTING	FOR UNCE	KTAINTY IN
T37/	NOVE MAYER DECAMED OF AVACLE CENTERAL			TIATING.
TMC	COME TAXES. BECAUSE OF AVAC'S GENERAL T	TAX-EXEMPT STAT	US, MANAG	EMEN.I.
	THURS ASS HODES TAN UNS NOW UND AND		mo	-
BEI	LIEVES ASC TOPIC 740 HAS NOT HAD, AND	IS NOT EXPECTED	TO HAVE,	Α
		-14T11TA		
MA'	TERIAL IMPACT ON AVAC'S FINANCIAL STATE	EMENTS.		

#### SCHEDULE F (Form 990)

#### 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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

AIDS VACCINE ADVOCACY COALITION 94-3240841 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?

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

United States.					
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(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, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	GRANTMAKING	GLOBAL MOVEMENT	448,592
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	GRANTMAKING	POLICY ADVOCAY	1,454,491
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO.	0	0	GRANTMAKING	PRODUCT INTRODUCTION	143,262
SUB-SAHARAN AFRICA -					<del>                                     </del>
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	GRANTMAKING	RESEARCH ENGAGEMENT	1,499,411
EUROPE (INCLUDING					, ,
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING	PRODUCT INTRODUCTION	290,776
modification, benefits				INODUCT INTRODUCTION	230,770
3 a Subtotal	0	0			3,836,532
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			3,836,532

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

Schedule F (Form 990) 2022

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)
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	277,200.		0.		FMV
				2,2				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	43,000.		0.		FMV
		ni kien	TODICI ADVOCACI	43,000.		0.		
		SUB-SAHARAN						
		AFRICA	POLICY ADVOCACY	47,000.		0.		FMV
		SUB-SAHARAN				_		
		AFRICA	POLICY ADVOCACY	43,000.		0.		FMV
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	23,000.		0.		FMV
		AFRICA	POLICY ADVOCACY	23,000.		0.		FMV
		SUB-SAHARAN						
		AFRICA	POLICY ADVOCACY	40,120.		0.		FMV
		SUB-SAHARAN						
		AFRICA	POLICY ADVOCACY	40,000.		0.		FMV
		SUB-SAHARAN						
		AFRICA	POLICY ADVOCACY	35,311.		0.		FMV

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

3	Enter total	number	of other	organizations	or entities	

Schedule F (Form 990) 2022

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</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)
		SUB-SAHARAN						
			POLICY ADVOCACY	32,657.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	29,942.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	220,000.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	96,600.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	45,000.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	36,000.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	18,000.		0.		FMV
		SUB-SAHARAN	PRODUCT INTRODUCTION					
			AND ACCESS	34,510.		0.		FMV
		SUB-SAHARAN						
			GLOBAL MOVEMENT	32,500.		0.		FMV

To (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (c) Purpose of grant (c) Amount of cash disbursement (c) Amount of cash di	Part II Continuation o			tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
AFRICA GLOBAL MOVEMENT 16,500. 0. FMV  SUB SAHARAN AFRICA GLOBAL MOVEMENT 16,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 17,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV	1	(b) IRS code section	(a) Pagion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	valuation (book, FMV,
AFRICA GLOBAL MOVEMENT 16,500. 0. FMV  SUB SAHARAN AFRICA GLOBAL MOVEMENT 16,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 17,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV									
AFRICA GLOBAL MOVEMENT 16,500. 0. FMV  SUB SAHARAN AFRICA GLOBAL MOVEMENT 16,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 17,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV			SUB-SAHARAN						
APRICA SLOBAL MOVEMENT 16,500. 0. PMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 17,000. 0. PMV  SUB-SAHARAN ARRICA RESEARCH ENGAGEMENT 43,066. 0. PMV  SUB-SAHARAN ARRICA RESEARCH ENGAGEMENT 130,900. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,000. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,500. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,500. 0. PMV				GLOBAL MOVEMENT	16,500.		0.		FMV
APRICA SLOBAL MOVEMENT 16,500. 0. PMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 17,000. 0. PMV  SUB-SAHARAN ARRICA RESEARCH ENGAGEMENT 43,066. 0. PMV  SUB-SAHARAN ARRICA RESEARCH ENGAGEMENT 130,900. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,000. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,500. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,500. 0. PMV									
APRICA SLOBAL MOVEMENT 16,500. 0. PMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 17,000. 0. PMV  SUB-SAHARAN ARRICA RESEARCH ENGAGEMENT 43,066. 0. PMV  SUB-SAHARAN ARRICA RESEARCH ENGAGEMENT 130,900. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,000. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,500. 0. PMV  SUB-SAHARAN ARRICA SLOBAL MOVEMENT 18,500. 0. PMV			SIIR-SAHARAN						
AFRICA GLOBAL MOVEMENT 17,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV				GLOBAL MOVEMENT	16,500.		0.		FMV
AFRICA GLOBAL MOVEMENT 17,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV									
AFRICA GLOBAL MOVEMENT 17,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV			GIIR-GAHARAN						
SUB-SAHARAN AFFICA  SUB-SAHARAN				GLOBAL MOVEMENT	17,000.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV									
AFRICA RESEARCH ENGAGEMENT 43,066. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV			CIID CAUADAN						
SUB-SAHARAN AFRICA  SUB-SAHARAN				RESEARCH ENGAGEMENT	43,066.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,500. 0. FMV									
AFRICA RESEARCH ENGAGEMENT 130,900. 0. FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,500. 0. FMV			CIID CAUADAN						
SUB-SAHARAN AFRICA  SUB-SAHARAN				RESEARCH ENGAGEMENT	130,900.		0.		FMV
AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV					,				
AFRICA GLOBAL MOVEMENT 18,000. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV			GUD GAUADAN						
SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,500.  0.  FMV  SUB-SAHARAN AFRICA SLOBAL MOVEMENT 18,500.  0.  FMV				GLOBAL MOVEMENT	18,000.		0.		FMV
AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN					, , ,				
AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV  SUB-SAHARAN			GUD GAUADAN						
SUB-SAHARAN AFRICA GLOBAL MOVEMENT 18,500. 0. FMV SUB-SAHARAN				GLOBAL MOVEMENT	18,500.		0.		FMV
AFRICA GLOBAL MOVEMENT 18,500. 0. FMV SUB-SAHARAN					,				
AFRICA GLOBAL MOVEMENT 18,500. 0. FMV SUB-SAHARAN									
SUB-SAHARAN				GLOBAL MOVEMENT	18 500.		0.		FMV
				· - · · - · - · - · - · - · - ·			•••		
PLUTCH PRODUCT MONEMENT   10,000,    U.   LWA				GLOBAL MOVEMENT	18,500.		0.		FMV

Scriedule F (Form 990)	11120	THE PROPERTY OF THE PROPERTY O	CHCI COMBILION		7 4 5 2			raye <b>z</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SUB-SAHARAN						
		AFRICA	RESEARCH ENGAGEMENT	80,850.		0.		FMV
		SUB-SAHARAN	PRODUCT INTRODUCTION					
		AFRICA	AND ACCESS	27,608.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	31,306.		0.		FMV
		SUB-SAHARAN	OLODAL MOMENTANT	22 152				E107
		AFRICA	GLOBAL MOVEMENT	32,153.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	32,679.		0.		FMV
			OHODIN HOVEININI	32,073.		Ÿ.		
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	43,228.		0.		FMV
				,				
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	30,902.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	26,645.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	36,768.		0.		FMV

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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)
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	107,053.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	141,595.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	18,000.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	61,094.		0.		FMV
				,				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	13,300.		0.		FMV
		SUB-SAHARAN AFRICA	GLOBAL MOVEMENT	15,153.		0.		FMV
		III KICII	CHODNE MOVEMENT	13,133.		••		
		SUB-SAHARAN AFRICA	GLOBAL MOVEMENT	8,299.		0.		FMV
		AFRICA	GLOBAL MOVEMENT	0,299.		0.		FMV
		SUB-SAHARAN	DOLLOW ADVIOUR	227 222				-
		AFRICA	POLICY ADVOCACY	227,332.		0.		FMV
		SUB-SAHARAN		_				
		AFRICA	RESEARCH ENGAGEMENT	32,549.		0.		FMV

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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)
		SUB-SAHARAN						
			POLICY ADVOCACY	19,898.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	6,352.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	28,000.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	20,616.		0.		FMV
				,				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	24,073.		0.		FMV
				22,272				
			PRODUCT INTRODUCTION AND ACCESS	6,902.		0.		FMV
		iii kien	IND REEDS	0,302.		••		
		SUB-SAHARAN AFRICA	RESEARCH ENGAGEMENT	48,300.		0.		FMV
		AFRICA	RESEARCH ENGAGEMENT	40,300.		0.		FMV
		SUB-SAHARAN	DEGENDAL ENGLATIVE	CF 400				
		AFRICA	RESEARCH ENGAGEMENT	65,480.		0.		FMV
		SUB-SAHARAN						
		AFRICA	RESEARCH ENGAGEMENT	15,000.		0.		FMV

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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)
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	70,797.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	45,000.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	25,979.		0.		FMV
				,				
		and annual						
		SUB-SAHARAN AFRICA	RESEARCH ENGAGEMENT	38,020.		0.		FMV
				,				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	22,000.		0.		FMV
				22,000.				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	22,000.		0.		FMV
		AFRICA	FOLICI ADVOCACI	22,000.		••		T PIV
		SUB-SAHARAN AFRICA	DOLLOW ADVOCACY	72 222		0		ENG/
		AFRICA	POLICY ADVOCACY	73,332.		0.		FMV
		SUB-SAHARAN		40.00				L
		AFRICA	POLICY ADVOCACY	18,000.		0.		FMV
			PRODUCT INTRODUCTION					
		AFRICA	AND ACCESS	49,495.		0.		FMV

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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)
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	60,386.		0.		FMV
		SUB-SAHARAN						
			RESEARCH ENGAGEMENT	6,788.		0.		FMV
				,				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	24,073.		0.		FMV
				21,070				
		SUB-SAHARAN	DOLLOW ADVOCACY	0 000		,		ENG.
		AFRICA	POLICY ADVOCACY	9,000.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	7,337.		0.		FMV
		SUB-SAHARAN						
		AFRICA	RESEARCH ENGAGEMENT	40,022.		0.		FMV
		SUB-SAHARAN						
		AFRICA	POLICY ADVOCACY	16,330.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	17,577.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	28,000.		0.		FMV

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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)
		SUB-SAHARAN						
			POLICY ADVOCACY	14,971.		0.		FMV
		GUD GAUADAN						
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	12,000.		0.		FMV
			102101 112 (001101	22,000.				1
		SUB-SAHARAN						L
		AFRICA	POLICY ADVOCACY	9,000.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	22,292.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	19,839.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	9,998.		0.		FMV
				,		-		
		SUB-SAHARAN	DOLLGY ADVOCAGY	22.466		0		
		AFRICA	POLICY ADVOCACY	23,466.		0.		FMV
		SUB-SAHARAN						
		AFRICA	GLOBAL MOVEMENT	5,830.		0.		FMV
		SUB-SAHARAN	PRODUCT INTRODUCTION					
		AFRICA	AND ACCESS	24,747.		0.		FMV

Column   C	Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
RESEARCH ENGAGEMENT 6,437. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 13,323. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 13,085. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 12,723. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 16,100. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 15,000. 0. PMV	1	(b) IRS code section	(a) Pagion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	valuation (book, FMV,
RESEARCH ENGAGEMENT 6,437. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 13,323. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 13,085. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 12,723. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 16,100. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 15,000. 0. PMV									
RESEARCH ENGAGEMENT 6,437. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 13,323. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 13,085. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 12,723. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 16,100. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN APRICA RESEARCH ENGAGEMENT 15,000. 0. PMV			SUB-SAHARAN						
AFRICA RESEARCH ENGAGEMENT 13,323. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 13,085. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 12,723. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. PMV				RESEARCH ENGAGEMENT	6,437.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 13,323. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 13,085. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 12,723. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. PMV									
AFRICA RESEARCH ENGAGEMENT 13,323. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 13,085. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 12,723. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. PMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. PMV			SIIR-SAHARAN						
AFRICA RESEARCH ENGAGEMENT 13,085, 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 12,723, 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088, 0. FMV				RESEARCH ENGAGEMENT	13,323.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 13,085, 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 12,723, 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088, 0. FMV									
AFRICA RESEARCH ENGAGEMENT 13,085, 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 12,723, 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088, 0. FMV			GIIR-GAHARAN						
SUB-SAHARAN AFRICA  SUB-SAHARAN APRICA  RESEARCH ENGAGEMENT  10,005.  0.  FMV  SUB-SAHARAN APRICA  RESEARCH ENGAGEMENT  15,000.  0.  FMV				RESEARCH ENGAGEMENT	13,085.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 12,723. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV									
AFRICA RESEARCH ENGAGEMENT 12,723. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV			CIID CAUADAN						
SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV				RESEARCH ENGAGEMENT	12,723.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV									
AFRICA RESEARCH ENGAGEMENT 16,100. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV			CIID CAUADAN						
SUB-SAHARAN AFRICA  SUB-SAHARAN AFRICA  RESEARCH ENGAGEMENT  10,005.  0.  FMV  SUB-SAHARAN AFRICA  RESEARCH ENGAGEMENT  15,000.  0.  FMV  SUB-SAHARAN AFRICA  RESEARCH ENGAGEMENT  22,088.  0.  FMV				RESEARCH ENGAGEMENT	16,100.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV					,				
AFRICA RESEARCH ENGAGEMENT 10,005. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV			GUD GAUADAN						
SUB-SAHARAN AFRICA  SUB-SAHARAN AFRICA  RESEARCH ENGAGEMENT  15,000.  0.  FMV  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN				RESEARCH ENGAGEMENT	10,005.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV  SUB-SAHARAN					,				
AFRICA RESEARCH ENGAGEMENT 15,000. 0. FMV  SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV  SUB-SAHARAN			GUD GAUADAN						
SUB-SAHARAN AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV  SUB-SAHARAN				RESEARCH ENGAGEMENT	15,000.		0.		FMV
AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV SUB-SAHARAN					,				
AFRICA RESEARCH ENGAGEMENT 22,088. 0. FMV SUB-SAHARAN									
SUB-SAHARAN				RESEARCH ENGAGEMENT	22 088.		0.		FMV
					,		7.		
				RESEARCH ENGAGEMENT	17,191.		0.		FMV

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo <u>z</u>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(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)
		SUB-SAHARAN						
			POLICY ADVOCACY	8,020.		0.		FMV
		SUB-SAHARAN						
			POLICY ADVOCACY	10,000.		0.		FMV
				,				
		GUD GAUADAN						
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	9,000.		0.		FMV
				,				
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	6,700.		0.		FMV
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SUB-SAHARAN AFRICA	RESEARCH ENGAGEMENT	23,364.		0.		FMV
		AFRICA	KESEAKCII ENGAGEMENI	23,304.		••		T FIV
		SUB-SAHARAN AFRICA	POLICY ADVOCACY	27 000		٥		FMV
		AFRICA	POLICY ADVOCACY	27,000.		0.		FMV
		SUB-SAHARAN		0= 000				
		AFRICA	POLICY ADVOCACY	27,000.		0.		FMV
		EUROPE (INCLUDING						
			PRODUCT INTRODUCTION					
		GREENLAND)	AND ACCESS	104,274.		0.		FMV
		EUROPE (INCLUDING						
		ICELAND &	PRODUCT INTRODUCTION					
		GREENLAND)	AND ACCESS	11,370.		0.		FMV

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
		EUROPE (INCLUDING ICELAND &	PRODUCT INTRODUCTION					
			AND ACCESS	26,068.		0.		FMV
		GREENEZHVE /	IND RECEDS	20,000.		•••		I IIV
		EUROPE (INCLUDING						
			PRODUCT INTRODUCTION					
		GREENLAND)	AND ACCESS	99,376.		0.		FMV
		EUROPE (INCLUDING						
			PRODUCT INTRODUCTION	40.600				71.67
		GREENLAND)	AND ACCESS	49,688.		0.		FMV

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

### Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

# AIDS VACCINE ADVOCACY COALITION 94-3240841 Schedule F (Form 990) 2022 Page 5 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: WORK PLAN AND BUDGET ARE DEVELOPED; GRANT AGREEMENT IS SIGNED, FINANCIAL AND PROGRAM REPORTS ARE REVIEWED BY BOTH PROGRAM AND FINANCE STAFF PRIOR TO RELEASING ADDITIONAL FUNDS. PROGRAM STAFF CONDUCTS SITE VISITS, REVIEWS REPORTS AND IS IN DIRECT COMMUNCIATION VIA TELEPHONE AND EMAIL ON A REGULAR BASIS TO MONITOR IMPLEMENTATION OF ACTIVITES AND USE OF FUNDS FOR PROPER PURPOSES. ALL AMOUNTS ARE REPORTED IN ACCORDANCE WITH U.S.GAAP. SCHEDULE F, PART I, LINE 3A REGION: SUB-SAHARAN AFRICA - SPECIFIC TYPES OF GRANTS IN KENYA, MALAWI, NIGERIA, SOUTH AFRICA, UGANDA, TANZANIA, ZIMBABWE, ZAMBIA AND BOSTWANA.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

**2022** 

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization AIDS VACC	INE ADVOC	ACY COALITI	ON				Employer identification number $94-3240841$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?				-		on X Yes No
Part II Grants and Other Assistance to recipient that received more than	•			, ,	anization answered "`	Yes" on Form 990, Parl	: IV, line 21, for any
(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
AMERICAN FOUNDATION FOR AIDS RESEARCH - 120 WALL STREET 13TH FL - NEW YORK, NY 10005	13-3163817	501 (C) (3)	0.	86,945.	FMV		TO INCREASE ADOPTION
INTERNATIONAL AIDS VACCINE INITIATIVE - 125 BROAD STREET - NEW YORK, NY 10004	13-3870223	501 (C) (3)	0.	216,581.	FMV		HIV VACCINE AND BIOM
FAMILY HEALTH INTERNATIONAL 360 359 BLACKWELL STREET DURHAM, NC 27701	23-7413005	501 (C) (3)	0.	157,978.	FMV		HIV VACCINE AND BIOM
MPACT GLOBAL ACTION 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005	47-1065461	501 (C) (3)	0.	41,667.	FMV		HIV VACCINE AND BIOM
HEALTH GLOBAL ACCESS PROJECT, INC. 77 SANDS STREET, 6TH FLOOR BROOKLYN, NY 11201	20-5053765	501 (C) (3)	0.	217,000.	FMV		TO INCREASE THE ACCO
INTERNEWS 876 7TH STREET ARCATA, CA 95518	94-3027961	501 (C) (3)	0.	279,275.	FMV		HIV VACCINE AND BIOM
2 Enter total number of section 501(c)(3) a	na government or	ganızatıons listed in th	ne iine 1 table				7 <b>.</b>

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

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		
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVENUE SUITE 4000	27-1414646	E01 (Q) (2)	0.	244 521	DMZ		TO ODERWE A DIAMETORY		
BOSTON, MA 02127	27-1414646	501 (C) (3)	0.	244,531.	FMV		TO CREATE A PLATFORM		

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV   Supplemental Information. Provide the information re	guired in Part I line	e 2: Part III. column	(b): and any other ad	ditional information	
Cappendina information Provide the information re	iquilou ii i i ure i, iii i	<u> </u>	r (b), and any other ad	ditorial information.	
PART I, LINE 2:					
WORK PLAN AND BUDGET ARE DEVELOPEI	); GRANT A	GREEMENT :	IS SIGNED,	FINANCIAL	
AND PROGRAM REPORTS ARE REVIEWED I	BY BOTH PR	OGRAM AND	FINANCE ST.	AFF PRIOR TO	
RELEASING ADDITIONAL FUNDS. PROGRA	M STAFF C	ONDUCTS S	ITE VISITS,	REVIEWS	
REPORTS AND IS IN DIRECT COMMUNICA	ATION VIA	TELEPHONE	AND EMAIL	ON A REGULAR	
BASIS TO MONITOR IMPLEMENTATION OF	ACTIVITI	ES AND US	E OF FUNDS	FOR PROPER	
DIDDOGEG					
PURPOSES.					

#### **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

**Open to Public** Inspection

Name of the organization

Employer identification number AIDS VACCINE ADVOCACY COALITION 94-3240841 Part I Questions Regarding Compensation

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?			
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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	7	X	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)2	a		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MITCHELL WARREN	(i)	380,391.	0.	0.	12,200.	51,203.	443,794.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIN KIERNON	(i)	240,612.	0.	0.	5,163.	51,188.	296,963.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ABIGAIL SMITH	(i)	205,567.	0.	0.	8,260.	49,691.	263,518.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STACEY HUMPHRIES	(i)	178,707.	0.	0.	7,352.	48,733.	234,792.	0.
DIRECTOR: RESEARCH ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MANJU CHATANI	(i)	187,379.	500.	0.	7,504.	35,690.	231,073.	0.
DIRECTOR: PARTNERSHIPS & CAPACITY ST	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WANDA BUCKNER	(i)	159,362.	6,429.	0.	6,686.	48,355.	220,832.	0.
DIRECTOR: FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GRANT DEIRDRE	(i)	158,631.	0.	0.	6,366.	17,750.	182,747.	0.
DIRECTOR: PROGRAM COORDINATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JESSICA RODRIGUES	(i)	154,049.	3,979.	0.	5,597.	12,876.		0.
DIRECTOR: PRODUCT INTRODUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 5:
SELECTED EMPLOYEES WERE PAID A PERFORMANCE BONUS DURING THE YEAR.

### 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

2022
Open to Public Inspection

Name of the organization

AIDS VACCINE ADVOCACY COALITION

Employer identification number 94-3240841

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONTINUED: PREVENTION OPTIONS AND ENSURE ACCESS TO THOSE OPTIONS FOR
EVERYONE WHO NEEDS THEM AS PART OF A COMPREHENSIVE INTEGRATED PATH TO
GLOBAL HEALTH EQUITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CONTINUED: PRODUCT DEVELOPERS AND GOVERNMENTAL AND NON-GOVERNMENTAL
ORGANIZATIONS INCLUDING THE BILL AND MELINDA GATES FOUNDATION,
CHILDRENS INVESTMENT FUND FOUNDATION, WORLD HEALTH ORGANIZATION,
POPULATION COUNCIL, VIATRIS, MANN GLOBAL HEALTH, MEDICINES360, USAID,
CATALYST GLOBAL, HIV PREVENTION TRIALS NETWORK, AND CLINTON HEALTH
ACCESS INITATIVE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CONTINUED: SUPPORTED ADVOCACY NETWORKS AND MAJOR AFRICA-LED INITATIVES
TO CALL FOR CHOICE AND EQUITY IN HIV PREVENTION INVESTMENTS GLOBALLY;
AND ISSUED SUBGRANTS TO MORE THAN 13 PARTNERS IN THE US AND AFRICA
UNDER THE HIV BIOMEDIAL PREVENTION RESEARCH PROJECT FUNDED BY USAID
IDENTIFY AND MITIGATE OR ELIMINATE BARRIERS TO THE DEVELOPMENT OF AND
ACCESS TO NEW HIV VACCINES AND OTHER PREVENTION OPTIONS; AND PROMOTE
INCREASED RESOURCES FOR HIV VACCINE AND PREVENTION RESEARCH BY DONORS
INCLUDING GOVERNMENT AGENCIES.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization

AIDS VACCINE ADVOCACY COALITION

Employer identification number 94-3240841

CONTINUED: PARTNERSHIP TO CREATE DIVERSE COALITIONS THAT WORK TO

MAINTAIN AND EXPAND WELL-RESOURCED, EVIDENCE-BASED HIV PREVENTION AND

TREATMENT PROGRAMMING AND FUNDING AT US AND INTERNATIONAL LEVELS.

THROUGH THE COMPASS PROGRAM, AVAC WORKS WITH PARTNERS TO CHANGE THE HIV

RESPONSE THROUGH HIGH-IMPACT, DATA-INFORMED TRANSNATIONAL ADVOCACY

CAMPAIGNS LED BY CIVIL SOCIETY ORGANIZATIONS REPRSENTING COMMUNITIES

MOST IMPACTED BY HIV. THESE CAMPAIGNS INCREASE CIVIL SOCIETY IMPACT ON

HIV-RELATED POLICIES, PROGRAMS AND APPROACHES TO PREVENTION.

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

PROGRAMS ARE GLOBAL MOVEMENT AND PROGRAM MANAGEMENT AND COORDINATION.

EXPENSES \$ 2,520,211. INCLUDING GRANTS OF \$ 552,213. REVENUE \$ 0.

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

THE DRAFT 990 WAS SHARED WITH THE AUDIT COMMITEE FOR REVIEW. AFTER THE

INTERNAL REVIEW WAS COMPLETED BY THE EXECUTIVE DIRECTOR, THE CHIEF

FINANCIAL OFFICER AND THE EXECUTIVE COMMITTEE, THE DRAFT WAS PRESENTED TO

THE WHOLE BOARD FOR APPROVAL.

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

A CONFLICT OF INTEREST FORM IS SUBMITTED TO ALL BOARD MEMBERS; AT THE
REGULAR BOARD MEETING, THE EXECUTIVE DIRECTOR REMINDS BOARD MEMBERS TO
RETURN THE SIGNED FORM TO THE CHIEF FINANCIAL OFFICER; BOARD MEMBERS HAVE
THE OPPORTUNITY TO ASK QUESTIONS IN PERSON OR VIA EMAIL PRIOR TO SIGNING
THE FORM. A CONFLICT OF INTEREST FORM IS ALSO SUBMITTED TO STAFF FOR
SIGNATURE. THE FORM IS SIGNED ON AN ANNUAL BASIS BY BOARD MEMBERS AND
STAFF. TWO BOARD MEMBERS REVIEW ALL CONFLICT OF INTEREST FORMS; AND IN

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  AIDS VACCINE ADVOCACY COALITION	Employer identification number 94-3240841
CASE OF A POTENTIAL CONFLICT OF INTEREST THE REST OF THE B	OARD ENFORCE
THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE WAS REVIEWED	BY THE
COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COM	POSED OF THE
PRESIDENT, THE TREASURER, THE SECRETARY AND ONE ADDITIONAL	BOARD MEMBER.
THEY USED RELEVANT COMPENSATION SURVEY DATA FROM SIMILAR S	IZE NON PROFIT
ORGANIZATION TO DETERMINE THE APPROPRIATE COMPENSATION PAC	KAGE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION AT PRESENT DOES NOT MAKE ITS GOVERNING DO	CUMENTS AVAILABLE
TO THE PUBLIC. HOWEVER, THE FINANCIAL STATEMENTS ARE AVAIL	ABLE ON THE
ORGANIZATION'S WEBSITE AND BY REQUEST.	
FORM 990, PART IX, LINE 11G	
FEES WERE PAID TO CONSULTANTS AND CONTRACTORS TO CONDUCT T	RAINING,
RESEARCH AND PROGRAM EVALUATION, ETC.	