Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____ , 2025, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Name of filer THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

EIN or SSN 95-4349614

Name and title of officer or person subject to tax BARBARA BERKOWITZ
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	3,945,896.
2a	**Form 990-EZ** check here	[ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here	[ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here	[ ]	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here	[ ]	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here	[ ]	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here	[ ]	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here	[ ]	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here	[ ]	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	[ ]	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize GROUND CONTROL BUSINESS MANAGEMENT to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 95120155555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 06/08/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2049 CENTURY PK E #1400

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90067

F Name and address of principal officer: BARBARA BERKOWITZ
2049 CENTURY PK E #1400, LOS ANGELES, CA 90

D Employer identification number
95-4349614

E Telephone number
310-315-6200

G Gross receipts $ 4,001,862.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ELIZABETHTAYLORAIDSFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1991

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE GRANTS TO EXISTING ORGANIZATIONS FOR DOMESTIC AND INTERNATIONAL PROGRAMS THAT OFFER

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	1
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,935,930.	3,590,583.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,494.	28,111.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	308,730.	327,202.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,352,154.	3,945,896.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,575,024.	1,729,760.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	873,794.	774,732.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 795,712.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,846,902.	2,167,926.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,295,720.	4,672,418.
19	Revenue less expenses. Subtract line 18 from line 12	56,434.	-726,522.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,527,661.	3,734,456.
21	Total liabilities (Part X, line 26)	2,319,855.	1,544,862.
22	Net assets or fund balances. Subtract line 21 from line 20	2,207,806.	2,189,594.

Part II Signature Block

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

Sign Here

Barbara Berkowitz
Signature of officer

6/9/26
Date

BARBARA BERKOWITZ, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
VERA SINGARTIYSKA		06/08/26	☐	P01874330

Firm's name GROUND CONTROL BUSINESS MANAGEMENT — Firm's EIN 95-4653786

Firm's address 2049 CENTURY PK E #1400, LOS ANGELES, CA 90067 — Phone no. 310 315-6200

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ETAF WAS ESTABLISHED BY ELIZABETH TAYLOR IN 1991 TO PROVIDE GRANTS TO EXISTING ORGANIZATIONS FOR DOMESTIC AND INTERNATIONAL PROGRAMS THAT OFFER DIRECT CARE SERVICES TO PEOPLE LIVING WITH HIV AND AIDS. SINCE ITS INCEPTION, ETAF HAS CONCENTRATED ON SUPPORTING MARGINALIZED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 3,538,515. including grants of $ 1,729,760.) (Revenue $ 355,313.)
ETAF SUPPORTS ORGANIZATIONS DELIVERING DIRECT CARE AND SERVICES TO PEOPLE LIVING WITH HIV AND AIDS, OFTEN TO THE MOST MARGINALIZED POPULATIONS IN NEED.

ETAF PROVIDES FUNDING FOR HIV PREVENTION EDUCATION PROGRAMS THROUGHOUT THE WORLD.

ETAF SUPPORTS PROGRAMS THAT CONTINUE ELIZABETH TAYLOR'S LEGACY OF ADVOCACY TO ADVANCE FUNDING FOR HIV AND AIDS POLICIES.

ETAF SUPPORTS EXISTING ORGANIZATIONS THAT CREATE NEW AND INNOVATIVE PROGRAMS AND TECHNIQUES THAT HELP SPREAD AWARENESS OF HIV PREVENTION

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

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

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

4e Total program service expenses 3,538,515.

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	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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 current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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*	28c	X	
29	Did the organization receive more than $25,000 in noncash 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *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? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	17		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

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

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X 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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

GROUND CONTROL BUSINESS MANAGEMENT - 310-315-6200
2049 CENTURY PK E #1400, LOS ANGELES, CA 90067

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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE BROWN	40.00									
MANAGING DIRECTOR					X			317,811.	0.	50,464.
(2) JACOB ARMAN	40.00									
DIRECTOR						X		131,185.	0.	17,150.
(3) ELIZABETH WOODS	40.00									
DIRECTOR						X		108,245.	0.	20,758.
(4) BARBARA BERKOWITZ	10.00									
DIRECTOR, PRESIDENT		X		X				0.	0.	0.
(5) TIMOTHY MENDELSON	10.00									
DIRECTOR, VICE PRESIDENT		X		X				0.	0.	0.
(6) QUINN TIVEY	10.00									
DIRECTOR, VICE PRESIDENT		X		X				0.	0.	0.
(7) CHRIS BUCCI	1.00									
CFO & SECRETARY				X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								557,241.	0.	88,372.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								557,241.	0.	88,372.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,590,583.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		3,590,583.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		84,077.	84,077.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		327,202.	327,202.		
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b	55,966.				
	c Gain or (loss) 7c	-55,966.				
	d Net gain or (loss)		-55,966.	-55,966.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		3,945,896.	355,313.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,361,760.	1,361,760.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	48,000.	48,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	320,000.	320,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	774,732.	306,611.	161,760.	306,361.
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	20,653.		20,653.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,584,491.	1,314,629.	115,937.	153,925.
12 Advertising and promotion				
13 Office expenses	20,738.	15,032.	5,706.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	62,213.	30,470.	8,099.	23,644.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	19,948.	7,979.	3,990.	7,979.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS COST	276,912.	31,760.		245,152.
b WEBSITE DEVELOPMENT	108,860.	75,297.	1,540.	32,023.
c RENT	42,000.	16,800.	8,400.	16,800.
d TAXES - LICENSES,PERMIT	18,571.	673.	10,401.	7,497.
e All other expenses	13,540.	9,504.	1,705.	2,331.
25 **Total functional expenses.** Add lines 1 through 24e	4,672,418.	3,538,515.	338,191.	795,712.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	3,985,218.	1	1,182,095.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	369,730.	4	2,339,702.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,604.	9	65,472.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	102,308.	11	136,622.
	12	Investments - other securities. See Part IV, line 11	1.	12	1.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	55,800.	15	10,564.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	4,527,661.	16	3,734,456.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	254,500.	18	132,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	56,026.	22	42,920.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,009,329.	25	1,369,942.
	26	**Total liabilities.** Add lines 17 through 25	2,319,855.	26	1,544,862.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds	2,207,806.	31	2,189,594.
	32	Total net assets or fund balances	2,207,806.	32	2,189,594.
	33	Total liabilities and net assets/fund balances	4,527,661.	33	3,734,456.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,945,896.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,672,418.
3	Revenue less expenses. Subtract line 2 from line 1	3	-726,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,207,806.
5	Net unrealized gains (losses) on investments	5	34,314.
6	Donated services and use of facilities	6	33,923.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	640,073.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,189,594.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM

Employer identification number 95-4349614

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1457534.	5947791.	1889634.	3935930.	3590583.	16821472.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1457534.	5947791.	1889634.	3935930.	3590583.	16821472.
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)						11019114.
6 **Public support.** Subtract line 5 from line 4.						5802358.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	1457534.	5947791.	1889634.	3935930.	3590583.	16821472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	453,526.	203,621.	647,018.	416,224.	355,313.	2075702.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						18897174.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	30.70 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	30.61 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☒

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ 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.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*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**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 17A

THE ELIZABETH TAYLOR AIDS FOUNDATION (THE "ORGANIZATION") QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION BECAUSE IT MEETS THE 10% FACTS AND CIRCUMSTANCES TEST SET FORTH IN TREASURY REGULATION SECTION 1.170A-9(F)(3). AN ORGANIZATION THAT FAILS TO MEET THE 33 1/3% PUBLIC SUPPORT TEST IS NONETHELESS PUBLICLY SUPPORTED IF IT (1) NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS, FROM CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES; (2) IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS; AND (3) IT IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION, TAKING INTO CONSIDERATION CERTAIN FACTS AND CIRCUMSTANCES. AMONG THE FACTORS TO BE CONSIDERED ARE WHETHER THE ORGANIZATION HAS A GOVERNING BODY THAT IS REPRESENTATIVE OF THE BROAD INTERESTS OF THE PUBLIC, THE PERCENTAGE OF THE ORGANIZATION'S PUBLIC SUPPORT ABOVE THE 10% THRESHOLD, THE SOURCES OF THE ORGANIZATION'S SUPPORT AND THE AVAILABILITY OF THE ORGANIZATION'S FACILITIES OR SERVICES TO THE GENERAL PUBLIC.

1. SUBSTANTIAL SUPPORT FROM THE GENERAL PUBLIC: THE ORGANIZATION'S LEVEL OF PUBLIC SUPPORT IS VERY CLOSE TO THE 1/3 STANDARD. IN 2024, IT ATTRACTED 30.61% PUBLIC SUPPORT, AND IN 2025, IT ATTRACTED 30.70% PUBLIC SUPPORT. IN PRIOR YEARS, IT MET THE 1/3 PUBLIC SUPPORT TEST. IN ADDITION, THE ORGANIZATION IS SUPPORTED BY A BROAD SWATH OF THE GENERAL PUBLIC. IT RECEIVED DONATIONS FROM MORE THAN 263 INDIVIDUAL DONORS IN 2025, AND IT RECEIVED $115,500 FUNDING FROM OTHER PUBLICLY SUPPORTED CHARITIES.

2. ATTRACTION OF PUBLIC SUPPORT: THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC. THE ORGANIZATION MAINTAINS A WEBSITE DONATION PORTAL, AND IT HOSTS THE ANNUAL ELIZABETH TAYLOR BALL TO END AIDS WHICH IS ITS LARGEST SINGLE FUND-RAISING ACTIVITY. THE ORGANIZATION HAS A FULL-TIME SENIOR FUNDRAISING MANAGER AND A FULL-TIME DIRECTOR WHO LEAD THE ORGANIZATION'S DEVELOPMENT ACTIVITIES. IN ADDITION, APPROXIMATELY 25% OF THE EXECUTIVE DIRECTOR'S PROFESSIONAL TIME IS SPENT SETTING STRATEGY FOR FUNDRAISING OR ACTIVELY FUNDRAISING.

3. COMMUNITY BOARD: THE ORGANIZATION HAS A GOVERNING BODY THAT REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS (OR PERSONS RELATED TO ITS DONORS). THE ORGANIZATION ALSO HAS 4 ADVISORY VOLUNTEER BOARDS THAT PROVIDE INPUT AND FEEDBACK INTO THE GOVERNING BODY REGARDING BOTH PROGRAM AND FUNDRAISING ACTIVITIES. THEY ARE ALSO ACTIVELY ENGAGED IN SETTING THE STRATEGIC PLAN. THE EXECUTIVE ADVISORY BOARD LARGELY CONSISTS OF HIGH-LEVEL CORPORATE EXECUTIVES WHO ACTIVELY FUNDRAISE AND ADVISE ON OVERALL STRATEGIC DIRECTION. THE ADVISORY BOARD CONSISTS OF EXPERTS FROM VARIOUS FIELDS AND COMMUNITIES AFFECTED BY HIV/AIDS, INCLUDING THE MEDICAL PROFESSION, TRANSGENDER COMMUNITY, GAY AND LESBIAN COMMUNITY AND OTHERS WITH PUBLIC HEALTH EXPERTISE. AND FINALLY, OUR COUNCIL OF JUSTICE LEADERS CONSISTS OF 12 PEOPLE LIVING WITH HIV AND WHO HAVE BEEN CRIMINALIZED DUE TO THEIR HIV. THIS COUNCIL ADVISES US ON OUR COUNCIL OF JUSTICE LEADERS.

4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES: THE ORGANIZATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PRESENTS EDUCATIONAL PROGRAMMING THROUGHOUT THE YEAR, INCLUDING EXPERT PANEL PRESENTATIONS ON BOTH HIV CRIMINALIZATION AND HIV AND AGING. IN ADDITION, WORKS IN MULTIPLE STATES TO EDUCATE THE PUBLIC ON HIV CRIMINALIZATION THROUGH THE HIV IS NOT A CRIME CAMPAIGN AND ALSO EDUCATES ON SEXUAL HEALTH AND HIV PREVENTION THROUGH THE LIFEBEAT PROGRAM. A MAJOR NATIONAL CAMPAIGN CALLED "STUCK IN THE 80S" WAS CARRIED OUT IN FEBRUARY 2024 AROUND HIV IS NOT A CRIME AWARENESS DAY.

ON THE BASIS OF THE FOREGOING, THE ORGANIZATION SHOULD BE RECOGNIZED AS PUBLICLY SUPPORTED FOR HAVING MET THE 10% FACTS AND CIRCUMSTANCES TEST SET FORTH IN TREASURY REGULATION SECTION 1.170A-9(F)(3).

THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

95-4349614

Schedule A **Identification of Excess Contributions Included on Part II, Line 5** **2025**

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
GILEAD SCIENCES	11,275,000.	10,897,057.
SANDRA SIROONIAN	500,000.	122,057.

Total Excess Contributions to Schedule A, Part II, Line 5 .... 11,019,114.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number
95-4349614

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

Name of organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number
95-4349614

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	GILEAD SCIENCES 333 LAKESIDE DR. FOSTER CITY, CA 94404	$ 2,625,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	SANDRA SIROONIAN DECLARATION 7110 N. FRESNO ST. SUITE 200 FRESNO, CA 93720	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	TIMOTHY MENDELSON 417 N. DOHENY DR., UNIT 105 BEVERLY HILLS, CA 90210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CALIFORNIA COMMUNITY FOUNDATION 717 W. TEMPLE ST. LOS ANGELES, CA 90012	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	UNCOMMON GIVING 7033 E GREENWAY PKWY SCOTTSDALE, AZ 85254	$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	AMERICAN ONLINE GIVING FOUNDATION 40 EAST MAIN STREET SUITE 887 NEWARK, DE 19711	$ 30,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number
95-4349614

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
7	JASON STOCK 150W. BROADWAY #602 SALT LAKE CITY, UT 84101	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	STEPHEN STRAUSS 3591 ALANA DRIVE SHERMAN OAKS, CA 91403	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	ADAM BASS 511 STONEWOOD DRIVE BEVERLY HILLS, CA 90210	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	JEFFREY TOWNS 15823 S. WESTERN AVENUE GARDENA, CA 90247	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	LOS ANGELES DODGERS FOUNDATION 1000 VIN SCULLY AVENUE LOS ANGELES, CA 90012	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	THE ASSAF FAMILY TRUST 23 OLD KINGS HIGHWAY SOUTH, STE 201 DARIEN, CT 06820	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number
95-4349614

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
13	JEFFREY ASSAF 111111 SANTA MONICA BLVD., STE 2100 LOS ANGELES, CA 90025	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	PLEDGELING FOUNDATION 2100 ABBOT KINNEY BLVD UNIT E VENICE, CA 90291	$ 13,060.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	CATHERINE BROWN 6245 WILSHIRE BLVD APT 1111 LOS ANGELES, CA 90048	$ 8,471.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	ELENA BACA 265 S. MCCARTY DRIVE BEVERLY HILLS, CA 90212	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	THE O'DAY FAMILY CHARITABLE FUND 9701 WILSHIRE BLVD, STE 610 BEVERLY HILLS, CA 90212	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	EQUITRUST LIFE INSURANCE CO. 222 W. ADAMS ST STE 2150 CHICAGO, IL 60606	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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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
19	ANDREA DESOUZA GIVING FUND 10242 FRIEDA LN FISHERS, IN 46040	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	LIVE NATION WORLDWIDE INC 9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210	$ 50,810.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	BRIAN AND IRENE TITUS 1046 CREEKWOOD CIRCLE MADISON, GA 30650	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	SONY 550 MADISON AVENUE NEW YORK, NY 10022	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3421 BELMONT BLVD. NASHVILLE, TN 37215	$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	KATIE SCHRENK 2000 AVENUE OF THE STARS LOS ANGELES, CA 90067	$ 10,707.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number
95-4349614

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
25	EARLEATHA JOHNSON 12 BEVERLY PARK BEVERLY HILLS, CA 90210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	LORRAINE SCHWARTZ INC 580 5TH AVENUE SUITE 1102 NEW YORK, NY 10036	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	JOHN M. LLOYD FOUNDATION 11777 SAN VICENTE BLVD LOS ANGELES, CA 90049	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	TASIA FILIPPATOS 1390 CELEBRATION BOULEVARD KISSIMMEE, FL 34747	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	GREG PROPPER 15701 COLLINS AVENUE SUNNY ISLES, FL 33160	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	CONCOURSE VENTURES INC. 553 WEST MARLIN COURT TERRYTOWN, LA 70056	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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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
31	GRANDERSON FAMILY TRUST 1557 TOWER GROVE DR. BEVERLY HILLS, CA 90210	$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	MITCHELL FAMILY TRUST 9000 W. 3RD STREET LOS ANGELES, CA 90048	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	SAKS FIFTH AVENUE 611 FIFTH AVENUE NEW YORK, NY 10022	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	KIRBY BEAUTY LLC 137 N. LA BREA AVENUE LOS ANGELES, CA 90036	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	LAURENCE AND KAWANNA BROWN 1044 MORRIS PARK AVENUE BRONX, NY 10461	$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	LEADING WOMEN DEFINED FOUNDATION 2121 AVENUE OF THE STARS, 15TH FLOOR LOS ANGELES, CA 90067	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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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
37	ULTA, INC. 1000 REMINGTON BLVD.; SUITE 120 BOLINGBROOK, IL 60440	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	PARKWOOD ENTERTAINMENT LLC 10960 WILSHIRE BLVD, 5TH FLOOR LOS ANGELES, CA 90024	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	TINA KNOWLES 2323 LORENZO DRIVE LOS ANGELES, CA 90068	$ 5,354.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	GUCCI AMERICA INC. 150 TOTOWA ROAD WAYNE, NJ 07470	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	THE ROBBINS FOUNDATION 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	PHARMACY4HUMANITY, INC 6225 W. SUNSET BLVD LOS ANGELES, CA 90028	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number
95-4349614

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
43	STEVEN LEWIS 8008 SIGNATURE CLUB CIRCLE UNIT 102 NAPLES, FL 34113	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	RICHARD WEITZ 9601 WILSHIRE BLVD BEVERLY HILLS, CA 90210	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	CAPITAL OPCO LLC 888 WESTHEIMER SUITE 120 HOUSTON, TX 77006	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	SIRIUS XM CARES FOUNDATION 1221 AVENUE OF AMERICAS 35 FL NEW YORK, NY 10020	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	BETH OSTROSKY STERN 101 W. 67TH ST NEW YORK, NY 10023	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	JEFFREY ALTMAN 2128 NORTH BAY ROAD MIAMI BEACH, FL 33140	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
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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
49	THE RACHEL RAY FOUNDATION 276 5TH AVENUE SUITE 704 NEW YORK, NY 10001	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	THE WATERWHEEL FOUNDATION PO BOX 4400 BURLINGTON, VT 05406	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	LEFRAK FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	AEG PRESENTS LLC 425 W. 11TH STREET LOS ANGELES, CA 90015	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	ROBIN QUIVERS 1065 AVENUE OF THE AMERICAS 11TH FLOOR NEW YORK, NY 10018	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	DRY FARM FOUNDATION 3315 COLLINS AVENUE APT 7C MIAMI BEACH, FL 33140	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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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
55	ANDERSON COMMUNITY PARTNERS 121 E. WARM SPRINGS ROAD LAS VEGAS, NV 89119	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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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
		$	

Name of organization

THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

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95-4349614

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM

Employer identification number 95-4349614

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION CONTRIBUTION	19,164.
(3) ACCRUED PAYROLL	59,506.
(4) 401K PAYABLE	953.
(5) DEFERRED IRS SECTION 481(A) ADJUSTMENT	1,280,145.
(6) CREDIT CARDS PAYABLE	10,174.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,369,942.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	4,014,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	34,314.		
b	Donated services and use of facilities	2b	33,923.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	68,237.
3	Subtract line 2e from line 1			3	3,945,896.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,945,896.

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

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

1	Total expenses and losses per audited financial statements			1	4,672,418.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,672,418.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	4,672,418.

Part XIII Supplemental Information

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

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number
95-4349614

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 532071 04-01-25

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - MALAWI	THESE FUNDS ARE RESTRICTED TO THE ELIZABETH TAYLOR MOBILE CLINICS IN	300,000.	CHECK	0.		
		CANADA	THESE FUNDS ARE RESTRICTED TO THE FUNDING OF THE CANADIAN COALITION TO	20,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities .....

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

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 II, COLUMN (D):
REGION: SUB-SAHARAN AFRICA - MALAWI
(D) PURPOSE OF GRANT: THESE FUNDS ARE RESTRICTED TO THE ELIZABETH TAYLOR MOBILE CLINICS IN MALAWI

REGION: CANADA
(D) PURPOSE OF GRANT: THESE FUNDS ARE RESTRICTED TO THE FUNDING OF THE CANADIAN COALITION TO REFORM HIV CRIMINALIZATION'S (CCRHC) 2025 WORK IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE LIVING WITH HIV.

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

Employer identification number 95-4349614

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INDIANA AIDS FUND, INC 429 E VERMONT ST., SUITE 400 INDIANAPOLIS, IN 46202	83-0918594	501(C)(3)	80,000.	0.			RESTRICTED TO SUPPORT THE HIV MODERNIZATION MOVEMENT INDIANA IN MODERNIZING CRIMINAL LAWS
SAN FRANCISCO AIDS FOUNDATION 940 HOWARD STREET SAN FRANCISCO, CA 94103	94-2927405	501(C)(3)	60,000.	0.			RESTRICTED TO SUPPORT THE ELIZABETH TAYLOR 50-PLUS NETWORK
THE UCLA FOUNDATION 10889 WILSHIRE BLVD. SUITE 1000 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	90,000.	0.			RESTRICTED TO SUPPORT THE RESEARCH WORK OF WILLIAMS INSTITUTE IN MODERNIZING CRIMINAL LAWS AND
AIDS LAW PROJECT OF PENNSYLVANIA 1211 CHESTNUT STREET, SUITE 600 PHILADELPHIA, PA 19107	23-2576149	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE AIDS LAW PROJECT'S WORKPLAN IN SUPPORT OF HIV DECRIMINALIZATION
FREESTATE JUSTICE, INC. 2601 N. HOWARD STREET, SUITE 120 BALTIMORE, MD 21218	26-2174290	501(C)(3)	6,000.	0.			RESTRICTED TO SUPPORT THE WORK IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE
EQUALITY MICHIGAN 2025 WOODWARD AVENUE DETROIT, MI 48226	38-2556668	501(C)(3)	75,000.	0.			RESTRICTED TO SUPPORT THE WORKPLAN IN SUPPORT OF HIV DECRIMINALIZATION EFFORTS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 53.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 532101 04-01-25

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
AIDS UNITED 1634 I STREET NW, SUITE 1100 WASHINGTON, DC 20006	52-1706646	501(C)(3)	40,000.	0.			RESTRICTED TO SUPPORT THE LUNCHEON SPONSORSHIP FOR AIDS UNITED'S 2025 AIDSWATCH CONFERENCE.
FOUNDATION FOR LOUISIANA 2022 ST. BERNARD AVENUE, SUITE 122B NEW ORLEANS, LA 70116	20-3399944	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT LOUISIANA COALITION'S 2025 HIV DECRIMINALIZATION AND
MISSISSIPPI CENTER FOR JUSTICE 210 E. CAPITOL STREET JACKSON, MS 39201	13-4203234	501(C)(3)	100,000.	0.			RESTRICTED TO SUPPORT 2025 HIV DECRIMINALIZATION AND ADVOCACY WORK.
EQUALITY OHIO 370 S. 5TH ST, SUITE G3 COLUMBUS, OH 43215	02-0743268	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE WORK IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE
LOS ANGELES LGBT CENTER 1118 N. MCCADDEN PL LOS ANGELES, CA 90038	95-3567895	501(C)(3)	15,000.	0.			RESTRICTED TO SUPPORT THE MEDICAL CARE COORDINATION PROGRAM AND COMMITMENT TO BE A LIFEBEAT COMMUNITY
SAFEWORKS OF THE FULTON COUNTY BOARD OF HEALTH - 10 PARK PLACE SE - ATLANTA, GA 30303			21,250.	0.			RESTRICTED TO SUPPORT SAFEWORK'S COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER DURING THE REMI
WHITMAN-WALKER FOUNDATION INC. 1201 SYCAMORE DR. SE WASHINGTON, DC 20032	94-3364364	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE MOLLY
AVALON HEALING CENTER 601 BAGLEY ST DETROIT, MI 48226	20-0631006	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
BALTIMORE SAFE HAVEN 1004 N PATTERSON PARK AVE BALTIMORE, MD 21205	83-3729738	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.

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
BIENESTAR HUMAN SERVICES 5326 E. BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501(C)(3)	15,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE - 2040 N. DIXIE HIGHWAY - WILTON MANORS, FL 33305	65-0431045	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
VISION COMMUNITY FOUNDATION, INC 704 ORMEWOOD AVENUE ATLANTA, GA 30312	87-0743282	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
IN THE MEANTIME MEN'S GROUP, INC P.O. BOX 29861 LOS ANGELES, CA 90029	74-3023604	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT HOUSING LINKAGE AND MENTAL HEALTH SUPPORT SERVICES AMID THE 2025
BROADWAY CARES/EQUITY FIGHT AIDS 165 WEST 46TH STREET, SUITE 1300 NEW YORK, NY 10036	13-3458820	501(C)(3)	20,000.	0.			RESTRICTED TO SUPPORT THE 2025 U.S. CONFERENCE ON HIV/AIDS.
GAY & LESBIAN COMMUNITY CENTER OF GREATER SOUTHERN NEVADA - 401 S. MARYLAND PARKWAY - LAS VEGAS, NV 89101	94-3192750	501(C)(3)	20,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
SOUTHERN LEGAL CENTER FOR YOUTH 3799 MAIN STREET, STE 87088 ATLANTA, GA 30337	93-2367007	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
DELAWARE HIV SERVICES, INC. 100 W. 10TH ST. STE 415 WILMINGTON, DE 19801	51-0348892	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501(C)(3)	15,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.

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
YOUNG SCHOLARS FOR ACADEMIC EMPOWERMENT - 3839 BROCKTON AVENUE - RIVERSIDE, CA 92501	26-2350778	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
TRANSLATINA NETWORK, INC 127 W 26TH STREET 2ND FLOOR NEW YORK, NY 10011	47-4807380	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
FRIENDS FOR LIFE CORPORATION 1548 POPLAR AVENUE MEMPHIS, TN 38104	62-1511959	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
BEBASHI - TRANSITION TO HOPE 4100 CHESTER AVENUE, SUITE 300 PHILADELPHIA, PA 19104	23-2484046	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
LUCHA CONTRA EL SIDA, INC PO BOX 8479 SAN JUAN, PR 00910-0479	66-0514937	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
AID ATLANTA 1438 W. PEACHTREE STREET NW ATLANTA, GA 30309	58-1537967	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
TRANS SOLUTIONS RESEARCH AND RESOURCE CENTER - 3535 N. PENNSYLVANIA ST - INDIANAPOLIS, IN 46204	86-2432078	501(C)(3)	12,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
LIGHTHOUSE FOUNDATION OF CHICAGOLAND - 2335 N ORCHARD ST - CHICAGO, IL 60614	86-3730708	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
THE LGBT COMMUNITY CENTER OF GREATER CLEVELAND - 6705 DETROIT AVENUE - CLEVELAND, OH 44102	34-1190920	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.

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
TRANSGENDER ADVOCATES KNOWLEDGEABLE EMPOWERING - 7128 OPORTO MADRID BLVD SOUTH - BIRMINGHAM, AL 35206	85-0702039	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
P.A.C.T.A. INC PO BOX 141486 ARECIBO, PR 00614-1486	66-0529242	501(C)(3)	25,010.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
TASKFORCE PREVENTION AND COMMUNITY SERVICES - 3335 N ASHLAND AVE - CHICAGO, IL 60657	36-3733207	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
TRANSSOCIAL, INC 7930 SW 17TH STREET MIAMI, FL 33155	61-1845659	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
TRANS WOMEN IN NEED OF SERVICES, INC. - 17902 SW 29TH LANE - MIRAMAR, FL 33029	47-5607347	501(C)(3)	25,000.	0.			RESTRICTED TO SUPPORT THE SUBMITTED PROPOSAL FOR THE 2025 EMERGENCY GRANT CYCLE.
THE HOWARD UNIVERSITY 2244 10TH ST NW SUITE 402 WASHINGTON, DC 20059	53-0204707	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE COMMITMENT TO PARTNER WITH THE LIFEBEAT PROGRAM FOR FALL 2025 STUDENT
THE MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310	58-1438873	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE COMMITMENT TO PARTNER WITH THE LIFEBEAT PROGRAM FOR FALL 2025 COLLEGE
CALLEN-LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH STREET - NEW YORK, NY 10011	13-3409680	501(C)(3)	20,000.	0.			RESTRICTED TO SUPPORT COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR THE 2025
FENWAY COMMUNITY HEALTH CENTER INC 1340 BOYLSTON ST. BOSTON, MA 02215	04-2510564	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE MOLLY

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
ACTIONAIDS, INC 1216 ARCH STREET, 6TH FLOOR PHILADELPHIA, PA 19107	95-4448687	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE MOLLY
CHARLES DREW UNIVERSITY 1731 E. 120TH STREET LOS ANGELES, CA 90059	95-6151774	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR THE TASTE OF
DAP HEALTH, INC 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	10,000.	0.			RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR ORVILLE
SHINE BRIGHT & LIVE 2881 WARWICK LOOP, UNIT A BISMARCK, ND 58504	99-3755715	501(C)(3)	50,000.	0.			RESTRICTED TO SUPPORT THE ADVOCACY WORK TOWARDS HIV DECRIMINALIZATION.
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE), INC. - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	30,000.	0.			RESTRICTED TO SUPPORT LCCH'S EDUCATION EVENTS AND ORGANIZING RELATED TO HIV DECRIMINALIZATION.
THE SERO PROJECT 114 W. ANN STREET MILFORD, PA 18337	46-1626584	501(C)(3)	32,500.	0.			RESTRICTED TO SUPPORT SERO'S SOLUTION IMPACT FUND PROGRAM FOR PEOPLE LIVING WITH HIV AFFECTED
NORTH CAROLINA AIDS ACTION NETWORK 112 BROADWAY STREET, SUITE B DURHAM, NC 27701	32-0323779	501(C)(3)	50,000.	0.			RESTRICTED TO SUPPORT NCAAN'S WORK TOWARDS HIV DECRIMINALIZATION.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HONORARIUM FOR PARTICIPATION IN VARIOUS EVENTS AS AN ELIZABETH TAYLOR AIDS FOUNDATION COUNCIL OF JUSTICE LEADER.	10	42,000.	0.		
2025 ADVISORY BOARD HONORARIUM	3	6,000.	0.		

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

PART I, LINE 2:
THE FOUNDATION PERIODICALLY CONDUCTS VISITS WITH GRANTEES IN ORDER TO ENSURE THAT FUNDS ARE BEING USED IN ACCORDANCE WITH THE APPROVED GRANT AND EVALUATE THE PROGRESS OF APPROVED PROJECTS.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: INDIANA AIDS FUND, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE HIV MODERNIZATION MOVEMENT INDIANA IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE LIVING WITH HIV.

NAME OF ORGANIZATION OR GOVERNMENT: THE COUNTER NARRATIVE PROJECT
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COUNTER NARRATIVE PROJECT'S PROGRAMMATI WORK WITH AN EMPHASIS ON PROGRAMS RELATED TO PEOPLE AT RISK OF OR LIVING WITH HIV.

NAME OF ORGANIZATION OR GOVERNMENT: THE UCLA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE RESEARCH

Part IV Supplemental Information

WORK OF WILLIAMS INSTITUTE IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE LIVING WITH HIV.

NAME OF ORGANIZATION OR GOVERNMENT: AIDS LAW PROJECT OF PENNSYLVANIA
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE AIDS LAW PROJECT'S WORKPLAN IN SUPPORT OF HIV DECRIMINALIZATION EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: FREESTATE JUSTICE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE WORK IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE LIVING WITH HIV.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR LOUISIANA
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT LOUISIANA COALITION'S 2025 HIV DECRIMINALIZATION AND ADVOCACY WORK.

NAME OF ORGANIZATION OR GOVERNMENT: EQUALITY OHIO
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE WORK IN MODERNIZING CRIMINAL LAWS AND PENALTIES FOR PEOPLE LIVING WITH HIV.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ANGELES LGBT CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE MEDICAL CARE COORDINATION PROGRAM AND COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR EVENTS IN OCTOBER 2024.

NAME OF ORGANIZATION OR GOVERNMENT: HEAL LOS ANGELES FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT SPONSORSHIP FOR HEAL LOS ANGELES' "THIS IS THRILLER NIGHT", WHICH INCLUDES A PARTNERSHIP WITH ETAF'S LIFEBEAT PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:
SAFEWORKS OF THE FULTON COUNTY BOARD OF HEALTH
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT SAFEWORK'S COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER DURING THE REMI WOLF CONCERT IN OCTOBER 2024.

NAME OF ORGANIZATION OR GOVERNMENT: WHITMAN-WALKER FOUNDATION INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE MOLLY GRACE "BUT I'M A POP STAR" TOUR.

NAME OF ORGANIZATION OR GOVERNMENT: IN THE MEANTIME MEN'S GROUP, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT HOUSING LINKAGE AND MENTAL HEALTH SUPPORT SERVICES AMID THE 2025 LOS ANGELES FIRES.

NAME OF ORGANIZATION OR GOVERNMENT: THE HOWARD UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO PARTNER WITH THE LIFEBEAT PROGRAM FOR FALL 2025 STUDENT EVENTS.

NAME OF ORGANIZATION OR GOVERNMENT: TRIAD HEALTH PROJECT
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO PARTNER WITH THE LIFEBEAT PROGRAM FOR FALL 2025 STUDENT EVENTS.

NAME OF ORGANIZATION OR GOVERNMENT: THE MOREHOUSE SCHOOL OF MEDICINE
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO PARTNER WITH THE LIFEBEAT PROGRAM FOR FALL 2025 COLLEGE CAMPUS EVENTS.

Part IV **Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CALLEN-LORDE COMMUNITY HEALTH CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR THE 2025 MOLLY GRACE TOUR AND FOR THE PRID MONTH BABY'S ALL RIGHT VENUE PARTNERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: FENWAY COMMUNITY HEALTH CENTER INC
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE MOLLY GRACE "BUT I'M A POP STAR!" TOUR.

NAME OF ORGANIZATION OR GOVERNMENT: ACTIONAIDS, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE MOLLY GRACE "BUT I'M A POP STAR!" TOUR.

NAME OF ORGANIZATION OR GOVERNMENT: THE AFIYA CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER ON THE ARMY, THE NAVY'S"GENTLE HELLRAISER" TOUR.

NAME OF ORGANIZATION OR GOVERNMENT: CHARLES DREW UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR THE TASTE OF SOUL FAMILY FESTIVAL AND THE THIS IS THRILLER EVENT.

NAME OF ORGANIZATION OR GOVERNMENT: DAP HEALTH, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT THE COMMITMENT TO BE A LIFEBEAT COMMUNITY PARTNER FOR ORVILLE PECK'S RODEO 2025.

NAME OF ORGANIZATION OR GOVERNMENT: THE SERO PROJECT
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT SERO'S SOLUTION IMPACT FUND PROGRAM FOR PEOPLE LIVING WITH HIV AFFECTED BY HIV CRIMINALIZATION AND THE HIV IS NOT A CRIME 2025 CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL CENTER FOR CIVIC INNOVATION
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED TO SUPPORT CHLP'S TRAVEL-RELATED EXPENSES FOR THEIR HIV DECRIMINALIZATION WORK FOR 2025.

SCHEDULE J (Form 990)

(Rev. December 2024)

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: THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM

Employer identification number: 95-4349614

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	☐ Housing allowance or residence for personal use		
	☐ 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	X	
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	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:			
a	The organization?	5a		X
b	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:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CATHERINE BROWN	(i)	317,811.	0.	0.	23,228.	27,236.	368,275.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
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

Name of the organization THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM

Employer identification number 95-4349614

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) THE ELIZABETH	SEE SUPP	EXPENSE	X		0.	42,920.		X	X			X
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$ 42,920.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule L (Form 990) (Rev. 12-2024)**

SEE PART V FOR CONTINUATIONS

LHA 532131 04-01-25

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	THE ELIZABETH TAYLOR COS	SEE SUPPLEMENTAL IN	327,202.	ROYALTIES R		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: THE ELIZABETH TAYLOR COSMETICS COMPANY
(B) RELATIONSHIP WITH ORGANIZATION: SEE SUPPLEMENTAL INFORMATION
(C) PURPOSE OF LOAN: EXPENSE REIMBURSEMENT
(D) LOAN TO OR FROM ORGANIZATION? = TO
(E) ORIGINAL PRINCIPAL AMOUNT $ 0. (F) BALANCE DUE $ 42,920.
(G) LOAN IN DEFAULT? = NO
(H) APPROVED BY BOARD OR COMMITTEE? = YES
(I) WRITTEN AGREEMENT? = NO

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: THE ELIZABETH TAYLOR COSMETICS COMPANY
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SEE SUPPLEMENTAL INFORMATION
(D) DESCRIPTION OF TRANSACTION: ROYALTIES RECEIVED

SCH. L, PART II, LOANS TO AND FROM INTERESTED PERSONS
IN 2025, THE ELIZABETH TAYLOR COSMETICS COMPANY PAID EXPENSES ON BEHALF OF THE ELIZABETH TAYLOR AIDS FOUNDATION IN THE AMOUNT OF $42,920. THE ELIZABETH TAYLOR COSMETICS COMPANY IS AN S CORPORATION OWNED BY THE HOUSE OF TAYLOR TRUST (HOTT). HOTT IS THE ESTATE OF ELIZABETH TAYLOR, THE FOUNDER OF THE ELIZABETH TAYLOR AIDS FOUNDATION. QUINN TIVEY (DIRECTOR, VICE PRESIDENT) IS A BENEFICIARY OF HOTT, TIM MENDELSON (DIRECTOR, VICE PRESIDENT) IS A TRUSTEE OF HOTT, AND BARBARA BERKOWITZ (DIRECTOR, PRESIDENT) IS THE FIDUCIARY OF HOTT.

SCH. L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS
THE ELIZABETH TAYLOR COSMETICS COMPANY AND INTERPLANET PRODUCTIONS ARE S CORPORATIONS OWNED BY THE HOUSE OF TAYLOR TRUST (HOTT). HOTT IS THE ESTATE OF ELIZABETH TAYLOR, THE FOUNDER OF THE ELIZABETH TAYLOR AIDS FOUNDATION. QUINN TIVEY (DIRECTOR, VICE PRESIDENT) IS A BENEFICIARY OF HOTT, AND BARBARA BERKOWITZ (DIRECTOR, PRESIDENT) IS THE FIDUCIARY OF HOTT. AS OF AN AGREEMENT BEGINNING MARCH 2011, THE ELIZABETH TAYLOR AIDS FOUNDATION GRANTED TO INTERPLANET PRODUCTIONS AND THE ELIZABETH TAYLOR COSMETICS COMPANY CERTAIN RIGHTS AND LICENSES TO EXPLOIT AND COMMERCIALIZE THE RIGHTS TO DAME ELIZABETH TAYLOR'S NAME, IMAGE, LIKENESS, MARKS AND SIGNATURE (THE RIGHTS). UNDER THE AGREEMENT, ETAF WAS PROVIDED WITH A 25% INTEREST IN THE RIGHTS.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM

Employer identification number: 95-4349614

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIRECT CARE SERVICES TO PEOPLE LIVING WITH HIV AND AIDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITIES AND HAS EXPANDED TO ALSO FUND INNOVATIVE HIV EDUCATION AND ADVOCACY PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND TREATMENT TO TARGETED COMMUNITIES.

TO DATE ETAF HAS GRANTED TO MORE THAN 675 ORGANIZATIONS IN 44 COUNTRIES AND 42 STATES IN THE U.S.

FORM 990, PART VI, SECTION B, LINE 11B:
MANAGEMENT REVIEWS FORM 990 PRIOR TO ITS FILING

FORM 990, PART VI, SECTION B, LINE 12C:
COVERED INDIVIDUALS MUST REFRAIN FROM AND PROMPTLY DISCLOSE ANY ACT OR OMISSION THAT CREATES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH ETAF. OFFICERS AND EMPLOYEES MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AND UPDATE IT AS NECESSARY THROUGHOUT THE YEAR. ADDITIONALLY, WHENEVER A POTENTIAL CONFLICT OF INTEREST ARISES, A COVERED INDIVIDUAL MUST IMMEDIATELY NOTIFY THE EXECUTIVE DIRECTOR AND ETAF OFFICERS (OR ITS APPOINTED ETHICS COMMITTEE) IN WRITING REGARDING ALL FACTS GIVING RISE TO THE POTENTIAL CONFLICT. COVERED INDIVIDUALS ARE REQUIRED TO ERR ON THE SIDE OF DISCLOSURE TO AVOID EVEN THE APPEARANCE OF A POTENTIAL CONFLICT OF INTEREST. THE ETAF OFFICERS OR ITS APPOINTED ETHICS COMMITTEE WILL DETERMINE WHETHER A CONFLICT EXISTS AND WHETHER THE INDIVIDUAL SHOULD RECUSE THEMSELVES FROM RELATED DECISION-MAKING. ALL CONFLICTS AND ACTIONS TAKEN TO RESOLVE THEM SHALL BE DOCUMENTED IN THE OFFICER MEETING MINUTES. FAILURE TO DISCLOSE A POTENTIAL OR ACTUAL CONFLICT OR ENGAGING IN ACTIVITIES THAT OTHERWISE CREATE A CONFLICT OF INTEREST WILL RESULT IN DISCIPLINARY ACTION, INCLUDING TEMPORARY SUSPENSION OR TERMINATION OF EMPLOYMENT OR CONTRACTING POSITIONS AS APPLICABLE. NOTHING IN THIS POLICY CHANGES THE AT-WILL NATURE OF AN INDIVIDUAL'S EMPLOYMENT RELATIONSHIP.

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

BANK AND MERCHANT FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	17,326.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,326.
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	1,314,629.
MANAGEMENT AND GENERAL EXPENSES	98,611.
FUNDRAISING EXPENSES	153,925.
TOTAL EXPENSES	1,567,165.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,584,491.

Name of the organization THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM

Employer identification number 95-4349614

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
STOCK DONATION - LET'S TALK INTERACTIVE, INC.	1.
IRS SECTION 481(A) ADJUSTMENT	640,072.
TOTAL TO FORM 990, PART XI, LINE 9	640,073.

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

528941 01-22-26
FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name
THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM

California corporation number
1698654

Additional information. See instructions.

FEIN
95-4349614

Street address (suite or room)
2049 CENTURY PK E #1400

PMB no.

City
LOS ANGELES

State
CA

ZIP code
90067

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ..... ☐ Yes ☒ No
B Amended return ..... ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No
H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ..... ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $ _____
L Is the organization a limited liability company? ..... ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? ..... ☐ Yes ☒ No
Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1		411,279 00
	2	Gross dues and assessments from members and affiliates ●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●	3		3,590,583 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●	4		4,001,862 00
	5	Cost of goods sold ●	5	00	
	6	Cost or other basis, and sales expenses of assets sold ●	6	55,966 00	
	7	Total costs. Add line 5 and line 6	7		55,966 00
	8	Total gross income. Subtract line 7 from line 4 ●	8		3,945,896 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9		4,672,418 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10		-726,522 00
Payments	11	Total payments ●	11		00
	12	Use tax. See General Information K ●	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●	14		00
	15	Penalties and interest. See General Information J	15		00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉	16		00

Sign Here

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

Signature of officer ▶ | Title: PRESIDENT | Date | ● Telephone: 310-315-6200

Paid Preparer's Use Only

Preparer's name ● VERA SINGARTIYSKA

Preparer's signature ▶ | Date: 06/08/26 | Check if self-employed ▶ ☐ | ● PTIN: P01874330

Firm's name (or yours, if self-employed) and address ▶ GROUND CONTROL BUSINESS MANAGEMENT
2049 CENTURY PK E #1400
LOS ANGELES, CA 90067

● Firm's FEIN: 95-4653786
● Telephone: 310 315-6200

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

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

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	5,721	00
	3	Dividends	3	78,356	00
Receipts	4	Gross rents	4		00
from	5	Gross royalties	5	327,202	00
Other	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	6	0	00
Sources	7	Other income. Attach schedule	7		00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	411,279	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	1,729,760	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	557,241	00
	12	Other salaries and wages	12	217,491	00
Expenses	13	Interest	13		00
and	14	Taxes	14		00
Disburse-	15	Rents	15		00
ments	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	2,167,926	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	4,672,418	00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		3,985,218		1,182,095
2 Net accounts receivable		369,730		2,339,702
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule *		102,309		136,623
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule STMT 6		70,404		76,036
13 **Total assets**		4,527,661		3,734,456
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable		254,500		132,000
16 Bonds and notes payable STMT 7		56,026		42,920
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 8		2,009,329		1,369,942
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,207,806		2,189,594
22 **Total liabilities and net worth**		4,527,661		3,734,456

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

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

1 Net income per books	-726,522	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	-726,522
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	-726,522		

* SEE STATEMENT

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
GILEAD SCIENCES	333 LAKESIDE DR. FOSTER CITY, CA 94404		2,625,000.
SANDRA SIROONIAN DECLARATION	7110 N. FRESNO ST. SUITE 200 FRESNO, CA 93720		100,000.
TIMOTHY MENDELSON	417 N. DOHENY DR., UNIT 105 BEVERLY HILLS, CA 90210		10,000.
CALIFORNIA COMMUNITY FOUNDATION	717 W. TEMPLE ST. LOS ANGELES, CA 90012		5,500.
UNCOMMON GIVING	7033 E GREENWAY PKWY SCOTTSDALE, AZ 85254		22,500.
AMERICAN ONLINE GIVING FOUNDATION	40 EAST MAIN STREET SUITE 887 NEWARK, DE 19711		30,400.
JASON STOCK	150W. BROADWAY #602 SALT LAKE CITY, UT 84101		5,000.
STEPHEN STRAUSS	3591 ALANA DRIVE SHERMAN OAKS, CA 91403		5,000.
ADAM BASS	511 STONEWOOD DRIVE BEVERLY HILLS, CA 90210		5,000.
JEFFREY TOWNS	15823 S. WESTERN AVENUE GARDENA, CA 90247		5,000.
LOS ANGELES DODGERS FOUNDATION	1000 VIN SCULLY AVENUE LOS ANGELES, CA 90012		10,000.
THE ASSAF FAMILY TRUST	23 OLD KINGS HIGHWAY SOUTH, STE 201 DARIEN, CT 06820		7,000.
JEFFREY ASSAF	111111 SANTA MONICA BLVD., STE 2100 LOS ANGELES, CA 90025		8,000.
PLEDGELING FOUNDATION	2100 ABBOT KINNEY BLVD UNIT E VENICE, CA 90291		13,060.

CATHERINE BROWN	6245 WILSHIRE BLVD APT 1111 LOS ANGELES, CA 90048	8,471.
ELENA BACA	265 S. MCCARTY DRIVE BEVERLY HILLS, CA 90212	10,000.
THE O'DAY FAMILY CHARITABLE FUND	9701 WILSHIRE BLVD, STE 610 BEVERLY HILLS, CA 90212	10,000.
EQUITRUST LIFE INSURANCE CO.	222 W. ADAMS ST STE 2150 CHICAGO, IL 60606	10,000.
ANDREA DESOUZA GIVING FUND	10242 FRIEDA LN FISHERS, IN 46040	10,000.
LIVE NATION WORLDWIDE INC	9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210	50,810.
BRIAN AND IRENE TITUS	1046 CREEKWOOD CIRCLE MADISON, GA 30650	5,000.
SONY	550 MADISON AVENUE NEW YORK, NY 10022	50,000.
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE	3421 BELMONT BLVD. NASHVILLE, TN 37215	250,000.
KATIE SCHRENK	2000 AVENUE OF THE STARS LOS ANGELES, CA 90067	10,707.
EARLEATHA JOHNSON	12 BEVERLY PARK BEVERLY HILLS, CA 90210	10,000.
LORRAINE SCHWARTZ INC	580 5TH AVENUE SUITE 1102 NEW YORK, NY 10036	10,000.
JOHN M. LLOYD FOUNDATION	11777 SAN VICENTE BLVD LOS ANGELES, CA 90049	25,000.
TASIA FILIPPATOS	1390 CELEBRATION BOULEVARD KISSIMMEE, FL 34747	10,000.
GREG PROPPER	15701 COLLINS AVENUE SUNNY ISLES, FL 33160	5,000.
CONCOURSE VENTURES INC.	553 WEST MARLIN COURT TERRYTOWN, LA 70056	5,000.
GRANDERSON FAMILY TRUST	1557 TOWER GROVE DR. BEVERLY HILLS, CA 90210	12,500.
MITCHELL FAMILY TRUST	9000 W. 3RD STREET LOS ANGELES, CA 90048	5,000.
SAKS FIFTH AVENUE	611 FIFTH AVENUE NEW YORK, NY 10022	10,000.
KIRBY BEAUTY LLC	137 N. LA BREA AVENUE LOS ANGELES, CA 90036	15,000.
LAURENCE AND KAWANNA BROWN	1044 MORRIS PARK AVENUE BRONX, NY 10461	12,500.
LEADING WOMEN DEFINED FOUNDATION	2121 AVENUE OF THE STARS, 15TH FLOOR LOS ANGELES, CA 90067	5,000.
ULTA, INC.	1000 REMINGTON BLVD.; SUITE 120 BOLINGBROOK, IL 60440	10,000.
PARKWOOD ENTERTAINMENT LLC	10960 WILSHIRE BLVD, 5TH FLOOR LOS ANGELES, CA 90024	15,000.
TINA KNOWLES	2323 LORENZO DRIVE LOS ANGELES, CA 90068	5,354.
GUCCI AMERICA INC.	150 TOTOWA ROAD WAYNE, NJ 07470	10,000.
THE ROBBINS FOUNDATION	2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	5,000.
PHARMACY4HUMANITY, INC	6225 W. SUNSET BLVD LOS ANGELES, CA 90028	10,000.
STEVEN LEWIS	8008 SIGNATURE CLUB CIRCLE UNIT 102 NAPLES, FL 34113	7,500.

RICHARD WEITZ	9601 WILSHIRE BLVD BEVERLY HILLS, CA 90210	5,000.
CAPITAL OPCO LLC	888 WESTHEIMER SUITE 120 HOUSTON, TX 77006	10,000.
SIRIUS XM CARES FOUNDATION	1221 AVENUE OF AMERICAS 35 FL NEW YORK, NY 10020	25,000.
BETH OSTROSKY STERN	101 W. 67TH ST NEW YORK, NY 10023	7,500.
JEFFREY ALTMAN	2128 NORTH BAY ROAD MIAMI BEACH, FL 33140	5,000.
THE RACHEL RAY FOUNDATION	276 5TH AVENUE SUITE 704 NEW YORK, NY 10001	25,000.
THE WATERWHEEL FOUNDATION	PO BOX 4400 BURLINGTON, VT 05406	7,500.
LEFRAK FOUNDATION	501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	7,500.
AEG PRESENTS LLC	425 W. 11TH STREET LOS ANGELES, CA 90015	10,000.
ROBIN QUIVERS	1065 AVENUE OF THE AMERICAS 11TH FLOOR NEW YORK, NY 10018	10,000.
DRY FARM FOUNDATION	3315 COLLINS AVENUE APT 7C MIAMI BEACH, FL 33140	10,000.
ANDERSON COMMUNITY PARTNERS	121 E. WARM SPRINGS ROAD LAS VEGAS, NV 89119	5,000.
TOTAL INCLUDED ON LINE 3		3,581,802.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LOSS ON SALE OF SECURITIES - CNS #5901	01/01/24	12/31/25	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
166.	0.	0.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LOSS ON DISPOSAL OF ART AND COLLECTIBLES	08/24/20	12/31/25	PURCHASED

COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
55,800.	0.	0.	0.
55,966.	0.	0.	0.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CATHERINE BROWN 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	MANAGING DIRECTOR 40.00	317,811.
JACOB ARMAN 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	DIRECTOR 40.00	131,185.
ELIZABETH WOODS 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	DIRECTOR 40.00	108,245.
BARBARA BERKOWITZ 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	DIRECTOR, PRESIDENT 10.00	0.
TIMOTHY MENDELSON 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	DIRECTOR, VICE PRESIDENT 10.00	0.
QUINN TIVEY 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	DIRECTOR, VICE PRESIDENT 10.00	0.
CHRIS BUCCI 2049 CENTURY PK E #1400 LOS ANGELES, CA 90067	CFO & SECRETARY 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		557,241.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
SPECIAL EVENTS COST	276,912.
WEBSITE DEVELOPMENT	108,860.
RENT	42,000.
TAXES - LICENSES,PERMIT	18,571.
LEGAL FEES	20,653.
OTHER PROFESSIONAL FEES	1,584,491.
OFFICE EXPENSES	20,738.
TRAVEL	62,213.
INSURANCE	19,948.
ALL OTHER EXPENSES	13,540.
TOTAL TO FORM 199, PART II, LINE 17	2,167,926.

CA 199 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CITY NATIONAL SECURITIES #9768	102,308.	136,622.
LET'S TALK INTERACTIVE, INC	1.	1.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	102,309.	136,623.

CA 199 OTHER ASSETS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	14,604.	65,472.
ART & COLLECTIBLES	55,800.	0.
PREPAID EXPENSES - IN-KIND TRAVEL	0.	390.
PREPAID EXPENSES - CREDIT CARD	0.	10,174.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	70,404.	76,036.

CA 199 BONDS AND NOTES PAYABLE STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	56,026.	42,920.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	56,026.	42,920.

CA 199 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED PENSION CONTRIBUTION	21,190.	19,164.
UNEARNED REVENUE	10,000.	0.
ACCRUED PAYROLL	56,992.	59,506.
401K PAYABLE	930.	953.
DEFERRED IRS SECTION 481(A) ADJUSTMENT	1,920,217.	1,280,145.
CREDIT CARDS PAYABLE	0.	10,174.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,009,329.	1,369,942.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
THE ELIZABETH TAYLOR AIDS FOUNDATION C/O GCBM	95-4349614

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	4,001,862
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	3,945,896
3	Refund (Form 109, line 27)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 30)	4	

Part II Settle Your Account Electronically for Taxable Year 2025

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2026 (These are not installment payments for the current amount the exempt organization owes.)

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

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ Signature of officer | _____ Date | ▶ PRESIDENT Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ | Date _____ | Check if also paid preparer ☒ X | Check if self-employed ☐ | ERO's PTIN P01874330

Firm's name (or yours if self-employed) and address ▶ GROUND CONTROL BUSINESS MANAGEMENT
2049 CENTURY PK E #1400
LOS ANGELES, CA

Firm's FEIN 95-4653786

ZIP code 90067

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

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ | Date _____ | Check if self-employed ☐ | Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____

Firm's FEIN _____

ZIP code _____

529021 12-28-25

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DEPARTMENT OF JUSTICE
(For Registry Use Only)

THE ELIZABETH TAYLOR AIDS FOUNDATION
C/O GCBM
Name of Organization

List all DBAs and names the organization uses or has used

2049 CENTURY PK E #1400
Address (Number and Street)

LOS ANGELES, CA 90067
City or Town, State, and ZIP Code

310-315-6200
Telephone Number

INFO@ETAF.ORG
E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 083734

Corporation or Organization No. 1698654

Federal Employer ID No. 95-4349614

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2025 **ending** 12/31/2025 **) list:**

Total Revenue (including noncash contributions) $ 3,945,896 **Noncash Contributions $** 0 **Total Assets $** 3,734,456

Program Expenses $ 3,538,515 **Total Expenses $** 4,672,418

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

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

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

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

Signature of Authorized Agent	Printed Name	Title	Date
	BARBARA BERKOWITZ	PRESIDENT	

529291
04-01-25

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 9
PART B, LINE 1

THE ELIZABETH TAYLOR COSMETICS COMPANY AND INTERPLANET PRODUCTIONS ARE S CORPORATIONS OWNED BY THE HOUSE OF TAYLOR TRUST (HOTT). HOTT IS THE ESTATE OF ELIZABETH TAYLOR, THE FOUNDER OF THE ELIZABETH TAYLOR AIDS FOUNDATION. QUINN TIVEY (DIRECTOR, VICE PRESIDENT) IS A BENEFICIARY OF HOTT, TIM MENDELSON (DIRECTOR, VICE PRESIDENT) IS A TRUSTEE OF HOTT, AND BARBARA BERKOWITZ (DIRECTOR, PRESIDENT) IS THE FIDUCIARY OF HOTT. AS OF AN AGREEMENT BEGINNING MARCH 2011, THE ELIZABETH TAYLOR AIDS FOUNDATION GRANTED TO INTERPLANET PRODUCTIONS AND TO THE ELIZABETH TAYLOR COSMETICS COMPANY CERTAIN RIGHTS AND LICENSES TO EXPLOIT AND COMMERCIALIZE THE RIGHTS TO DAME ELIZABETH TAYLOR'S NAME, IMAGE, LIKENESS, MARKS AND SIGNATURE (THE RIGHTS). UNDER THE AGREEMENT, ETAF WAS PROVIDED WITH A 25% INTEREST IN THE RIGHTS.