

TAX RETURN FILING INSTRUCTIONS

PUBLIC DISCLOSURE COPY
FEDERAL FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2013

Prepared for	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVENUE, NW., SUITE 200 WASHINGTON, DC 20036
Prepared by	BDO USA, LLP 7101 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20814
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	N/A
Return must be mailed on or before	N/A
Special Instructions	FEDERAL LAW REQUIRES THAT A COPY OF THE THREE PRECEDING YEARS 990 BE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS BY ANY INDIVIDUAL AT THE PRINCIPAL OFFICE OF SUCH ORGANIZATION AND, IF SUCH ORGANIZATION REGULARLY MAINTAINS 1 OR MORE REGIONAL OR DISTRICT OFFICES HAVING 3 OR MORE EMPLOYEES, AT EACH SUCH REGIONAL OR DISTRICT OFFICE, AND UPON REQUEST OF AN INDIVIDUAL MADE AT SUCH PRINCIPAL OFFICE OR SUCH A REGIONAL OR DISTRICT OFFICE, A COPY OF SUCH ANNUAL RETURN, REPORTS, AND EXEMPT STATUS APPLICATION MATERIALS OR SUCH NOTICE MATERIALS SHALL BE PROVIDED TO SUCH INDIVIDUAL WITHOUT CHARGE OTHER THAN A REASONABLE FEE FOR ANY REPRODUCTION AND MAILING COSTS. THE REQUEST DESCRIBED MUST BE MADE IN PERSON OR IN WRITING. IF SUCH REQUEST IS MADE IN PERSON, SUCH COPY SHALL BE PROVIDED IMMEDIATELY AND, IF MADE IN WRITING, SHALL BE PROVIDED WITHIN 30 DAYS. PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS THAT YOU MAY HAVE CONCERNING PUBLIC DISCLOSURE REQUIREMENTS.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning, 2013, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION			D Employer identification number 95-4191698	
	Doing Business As			E Telephone number (202) 296-9165	
	Number and street (or P.O. box if mail is not delivered to street address) 1140 CONNECTICUT AVE., NW		Room/suite 200		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036				
F Name and address of principal officer: CHARLES J LYONS II 1140 CONNECTICUT AVE. STE. 200 WASHINGTON, DC 20036			G Gross receipts \$ 122,357,523.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.PEDAIDS.ORG			H(c) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1988 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEEKS TO PREVENT PEDIATRIC HIV INFECTION AND TO ERADICATE PEDIATRIC AIDS THROUGH RESEARCH, ADVOCACY, AND PREVENTION AND TREATMENT PROGRAMS</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	15.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14.	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	189.	
	6	Total number of volunteers (estimate if necessary)	14.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	122,027,629.	119,915,832.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,900.	79,664.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-495,965.	-830,637.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,579,564.	119,164,859.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,381,548.	23,226,266.
	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)	47,327,444.	49,792,422.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	423,264.	479,690.
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>3,335,251.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,501,914.	47,934,028.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,634,170.	121,432,406.	
19	Revenue less expenses. Subtract line 18 from line 12	-2,054,606.	-2,267,547.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	22,642,164.	22,514,577.
	21	Total liabilities (Part X, line 26)	13,097,006.	15,042,694.
22	Net assets or fund balances. Subtract line 21 from line 20	9,545,158.	7,471,883.	

Part II Signature Block

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

Sign Here	Signature of officer BRADLEY J KILEY Type or print name and title		Date COO	
	Print/Type preparer's name R. MICHAEL SORRELLS		Preparer's signature <i>R. Michael Sorrells</i>	
Paid Preparer Use Only	Firm's name BDO USA, LLP		Date 8/14/14	
	Firm's address 7101 WISCONSIN AVE, SUITE 800 BETHESDA, MD 20814-4827		Check <input type="checkbox"/> if self-employed PTIN P00001737	
	Firm's EIN 13-5381590		Phone no. 301-654-4900	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

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:

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF), WHICH OPERATES IN 15 COUNTRIES AND AT MORE THAN 7,000 SITES AROUND THE WORLD, SEE SCHEDULE O FOR CONTINUATION.

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 \$ 102,913,110. including grants of \$ 23,153,855.) (Revenue \$)

PREVENTION AND TREATMENT PROGRAMS: THE FOUNDATION WORKS WITH ITS PARTNERS IN 15 COUNTRIES (13 IN SUB-SAHARAN AFRICA, AS WELL AS INDIA AND THE UNITED STATES) TO BUILD EFFECTIVE HEALTH SYSTEMS FOR WOMEN, CHILDREN, AND FAMILIES THAT WILL ACHIEVE AND SUSTAIN AN AIDS-FREE GENERATION. THE SUCCESS OF EGPAF'S EFFORTS DEMONSTRATES THAT WE ARE ON THE CUSP OF ELIMINATING MOTHER-TO-CHILD TRANSMISSION OF HIV GLOBALLY.

4b (Code:) (Expenses \$ 2,077,817. including grants of \$ 72,411.) (Revenue \$)

RESEARCH: OVER THE PAST 25 YEARS, EGPAF HAS BECOME WORLD-RENOWNED FOR ITS LEADERSHIP IN PEDIATRIC HIV AND AIDS RESEARCH. TODAY, EGPAF PLAYS A CRITICAL ROLE IN DEFINING THE PEDIATRIC AIDS RESEARCH AGENDA AND SUPPORTING AND CONDUCTING RESEARCH TO IMPROVE THE LIVES OF WOMEN, CHILDREN, AND FAMILIES AFFECTED BY HIV. EGPAF LEADS STUDIES IN CLINICAL, LABORATORY, AND IMPLEMENTATION SCIENCE RESEARCH WITH A FOCUS ON OPTIMIZING HEALTH SERVICE DELIVERY, BUILDING AN EVIDENCE BASE FOR NEW AND INNOVATIVE INTERVENTIONS, AND EFFECTIVELY SCALING UP PROMISING HIV AND MATERNAL, NEWBORN, AND CHILD HEALTH INTERVENTIONS.

4c (Code:) (Expenses \$ 823,608. including grants of \$) (Revenue \$)

PUBLIC POLICY AND ADVOCACY: THE FOUNDATION'S COMMITMENT TO PUBLIC POLICY AND ADVOCACY HAS PRODUCED REAL VICTORIES FOR CHILDREN. TODAY, THE FOUNDATION REMAINS TRUE TO ELIZABETH GLASER'S SPIRIT BY WORKING TO ENSURE THAT THE NEEDS OF FAMILIES AFFECTED BY HIV AND AIDS, BOTH IN THE UNITED STATES AND AROUND THE WORLD, ARE AT THE TOP OF THE POLITICAL AGENDA. BY WORKING WITH U.S. AND INTERNATIONAL ELECTED OFFICIALS, POLICYMAKERS, THE SCIENTIFIC COMMUNITY, AND GLOBAL BUSINESS LEADERS, THE FOUNDATION HAS EXPANDED FUNDING FOR PEDIATRIC RESEARCH, ADVOCATED FOR INCREASED GLOBAL AIDS FUNDING AND FOR IMPROVEMENTS IN THE SAFETY AND EFFICACY OF DRUGS PRESCRIBED TO CHILDREN.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 1,519,444. including grants of \$) (Revenue \$)

4e Total program service expenses 107,333,979.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 [X]

Table with columns for question number, description, sub-part, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: DANIEL WARCO 1140 CONNECTICUT AVE., NW SUITE 200 WASHINGTON, DC 20036 202-448-8462

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) CHARLES J LYONS II PRESIDENT AND CEO	40.00	X		X				431,606.	0	85,705.
(2) PAUL GLASER HONORARY CHAIRMAN	1.00	X		X				0	0	0
(3) WILLOW BAY CO-CHAIR	1.00	X		X				0	0	0
(4) RUSS HAGEY CO-CHAIR	1.00	X		X				0	0	0
(5) ANNIE HILL SECRETARY	1.00	X		X				0	0	0
(6) OMAR ABDI BOARD MEMBER	1.00	X						0	0	0
(7) KATHLEEN CRAVERO-KRISTOFFERSON BOARD MEMBER	1.00	X						0	0	0
(8) SENATOR CHRISTOPHER DODD BOARD MEMBER	1.00	X						0	0	0
(9) PAUL JOHNSON BOARD MEMBER	1.00	X						0	0	0
(10) PAULA KERGER BOARD MEMBER	1.00	X						0	0	0
(11) JOSEPH MCCUNE BOARD MEMBER	1.00	X						0	0	0
(12) STUART PAPE BOARD MEMBER	1.00	X						0	0	0
(13) JUSTIN SMITH BOARD MEMBER	1.00	X						0	0	0
(14) GEORGE WELLDE JR BOARD MEMBER	1.00	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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
15) SUSIE ZEEGEN BOARD MEMBER	1.00	X					0	0	0	
16) PHILIP O'BRIEN EVP, COMM, ADVOCACY, DEV'T	40.00			X			318,380.	0	23,803.	
17) NICHOLAS S HELLMANN EVP, MED & SCI AFFAIRS	40.00			X			281,961.	0	18,653.	
18) BRADLEY J KILEY CHIEF OPERATING OFFICER	40.00			X			253,462.	0	19,469.	
19) PATRICIA DEVINE-KARLIN VP, GLOBAL BUS PLANNING	40.00				X		242,487.	0	24,607.	
20) ROBERT J SIMONDS VP, PRGM INNOV & POLICY	40.00				X		238,096.	0	17,295.	
21) ADRIAANTJE GIPHART VP, PRGM, IMPLEMENTATION	40.00				X		227,241.	0	23,901.	
22) TAMARA L WARD-DAHL VP, ADMIN AND HR	40.00				X		226,374.	0	22,403.	
23) PETER SAVOSNICK SEN DIR, COUNTRY MGMT	40.00				X		229,483.	0	16,954.	
24) STEPHEN LEE SEN DIR, COUNTRY MGMT	40.00				X		221,030.	0	16,683.	
25) FERNANDO MORALES COUNTRY DIR, MOZAMBIQUE	40.00				X		218,837.	0	11,762.	
1b Sub-total							431,606.	0	85,705.	
c Total from continuation sheets to Part VII, Section A							4,723,452.	0	365,560.	
d Total (add lines 1b and 1c)							5,155,058.	0	451,265.	

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 **▶ 67**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 9**

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(26) JEROEN VAN'T PAD BOSCH COUNTRY DIR, TANZANIA	40.00				X		217,756.	0	12,569.	
(27) DOUGLAS HORNER VP, AWARDS & COMPLIANCE	40.00				X		206,654.	0	22,528.	
(28) NICOLE BUONO COUNTRY DIR, MALAWI	40.00				X		190,396.	0	21,168.	
(29) SUSAN MICHAELS-STRASSER COUNTRY DIR, ZAMBIA	40.00				X		188,409.	0	21,538.	
(30) MOHAMMED MAHDI COUNTRY DIR, SWAZILAND	40.00				X		166,205.	0	11,948.	
(31) APPOLINAIRE TIAM COUNTRY DIR, LESOTHO	40.00				X		158,271.	0	10,483.	
(32) AGNES MAHOMVA COUNTRY DIR, ZIMBABWE	40.00				X		179,476.	0	12,226.	
(33) ALEXANDRE BOON TECH DIR, MOZAMBIQUE	40.00					X	219,753.	0	4,185.	
(34) CHRISTIAN PITTER SEN DIR, TECH POLICY	40.00					X	179,589.	0	20,171.	
(35) ROLAND VAN DE VEN TECH DIR, TANZANIA	40.00					X	187,413.	0	10,832.	
(36) INNOCENT HOVE PROVINCIAL CLINICAL ADV	40.00					X	189,548.	0	8,056.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 67

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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				
(37) SILVIA MIKUSOVA SEN TECH ADVISOR, MOZ	40.00					X		182,631.	0	14,326.	
1b Sub-total							▶				
c Total from continuation sheets to Part VII, Section A							▶				
d Total (add lines 1b and 1c)							▶				

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 ▶ 67

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

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	1,097,770.			
	d Related organizations	1d				
	e Government grants (contributions) . .	1e	97,188,448.			
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	21,629,614.			
	g Noncash contributions included in lines 1a-1f: \$		672,114.			
	h Total. Add lines 1a-1f		119,915,832.			
Program Service Revenue	2a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		78,378.			78,378.
	4 Income from investment of tax-exempt bond proceeds . . .		0			
	5 Royalties		11,674.			11,674.
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)		1,286.			
	d Net gain or (loss)		1,286.			1,286.
	8a Gross income from fundraising events (not including \$ 1,097,770. of contributions reported on line 1c). See Part IV, line 18	a	76,975.			
	b Less: direct expenses	b	919,286.			
	c Net income or (loss) from fundraising events		-842,311.			-842,311.
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		119,164,859.			-750,973.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	3,652,023.	3,652,023.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	19,574,243.	19,574,243.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,606,325.	3,625,291.	1,558,251.	422,783.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	37,152,298.	31,792,214.	4,013,143.	1,346,941.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,975,728.	1,708,199.	216,595.	50,934.
9 Other employee benefits	3,581,599.	2,891,057.	559,555.	130,987.
10 Payroll taxes	1,476,472.	1,010,611.	360,062.	105,799.
11 Fees for services (non-employees):				
a Management	0			
b Legal	144,001.	101,189.	42,373.	439.
c Accounting	302,630.	36,267.	266,363.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	479,690.			479,690.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,474,161.	2,816,204.	636,612.	21,345.
12 Advertising and promotion	70,292.	48,905.		21,387.
13 Office expenses	7,285,515.	5,990,722.	1,047,074.	247,719.
14 Information technology	1,120,580.	987,969.	131,292.	1,319.
15 Royalties	0			
16 Occupancy	3,450,770.	2,614,009.	677,665.	159,096.
17 Travel	7,747,715.	6,897,761.	626,067.	223,887.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	9,367,478.	9,267,928.	82,601.	16,949.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	118,381.	58,052.	60,329.	
23 Insurance	540,739.	400,517.	118,865.	21,357.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM SERVICES -----	7,629,640.	7,629,640.		
b EQUIPMENT -----	2,115,142.	2,112,472.	2,573.	97.
c MISCELLANEOUS EXPENSES -----	1,338,874.	1,258,109.	56,396.	24,369.
d REPAIRS AND MAINTENANCE -----	1,453,897.	1,146,492.	307,360.	45.
e All other expenses -----	1,774,213.	1,714,105.		60,108.
25 Total functional expenses. Add lines 1 through 24e	121,432,406.	107,333,979.	10,763,176.	3,335,251.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

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	8,003,329.	1	8,484,115.
	2 Savings and temporary cash investments	2,894,324.	2	1,016,056.
	3 Pledges and grants receivable, net	5,906,287.	3	5,243,341.
	4 Accounts receivable, net	2,182,686.	4	2,371,684.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,345,658.	9	2,994,732.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,399,333.		
	b Less: accumulated depreciation	10b 1,207,834.	309,880.	10c 191,499.
	11 Investments - publicly traded securities	0	11	2,213,150.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,642,164.	16	22,514,577.	
Liabilities	17 Accounts payable and accrued expenses	5,854,177.	17	7,671,506.
	18 Grants payable	1,998,110.	18	2,141,036.
	19 Deferred revenue	3,967,436.	19	3,831,835.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	1,277,283.	25	1,398,317.
	26 Total liabilities. Add lines 17 through 25	13,097,006.	26	15,042,694.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,512,097.	27	5,783,305.
	28 Temporarily restricted net assets	1,948,582.	28	1,608,036.
	29 Permanently restricted net assets	84,479.	29	80,542.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,545,158.	33	7,471,883.	
34 Total liabilities and net assets/fund balances	22,642,164.	34	22,514,577.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	119,164,859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,432,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,267,547.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,545,158.
5	Net unrealized gains (losses) on investments	5	194,272.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,471,883.

Part XII Financial Statements and Reporting

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

- 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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number 95-4191698
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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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	127,206,925.	151,181,047.	162,466,052.	122,027,629.	119,915,832.	682,797,485.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	127,206,925.	151,181,047.	162,466,052.	122,027,629.	119,915,832.	682,797,485.
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).						15,666,130.
6 Public support. Subtract line 5 from line 4.						667,131,355.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	127,206,925.	151,181,047.	162,466,052.	122,027,629.	119,915,832.	682,797,485.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	187,413.	120,195.	67,530.	60,548.	90,052.	525,738.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	20,878.					20,878.
11 Total support. Add lines 7 through 10						683,344,101.
12 Gross receipts from related activities, etc. (see instructions)					12	2,972,033.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.63%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.95%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER INCOME	20,878.					20,878.
TOTALS	<u>20,878.</u>					<u>20,878.</u>

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) () (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number 95-4191698
--	---

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	----- ----- -----	\$ 62,303,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 27,963,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 9,675,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number 95-4191698
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,280.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	51,345.													
c	Total lobbying expenditures (add lines 1a and 1b)	52,625.													
d	Other exempt purpose expenditures	121,379,781.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	121,432,406.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	29,221.	60,982.	43,196.	51,345.	184,744.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	3,013.	4,824.	2,756.	1,280.	11,873.

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

Table with columns for (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements...

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

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in 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 are a 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 programs
 - 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" to 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? **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" to 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	84,479.	89,022.	91,199.	92,225.	91,754.
b Contributions		-4,543.	-2,177.		471.
c Net investment earnings, gains, and losses	-3,937.	1,271.	3,145.	2,970.	4,847.
d Grants or scholarships					
e Other expenditures for facilities and programs		1,271.	3,145.	3,996.	4,847.
f Administrative expenses					
g End of year balance	80,542.	84,479.	89,022.	91,199.	92,225.

- 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 100.0000 %
 - c** Temporarily restricted endowment %
- The percentages in 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) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 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" to 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		263,193.	257,363.	5,830.
d Equipment		344,710.	183,499.	161,211.
e Other		791,430.	766,972.	24,458.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				191,499.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) DEFERRED RENT	1,398,317.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,398,317.	

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 FIN 48 (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	120,278,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 194,272.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	194,272.
3	Subtract line 2e from line 1		3	120,084,145.
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 -919,286.		
c	Add lines 4a and 4b		4c	-919,286.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	119,164,859.

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

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

1	Total expenses and losses per audited financial statements		1	122,351,692.
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 919,286.		
e	Add lines 2a through 2d		2e	919,286.
3	Subtract line 2e from line 1		3	121,432,406.
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	121,432,406.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE FOUNDATION INTENDS TO USE EARNINGS FROM ITS ENDOWMENT FUNDS TO FURTHER DELIVER ITS PROGRAMMATIC SERVICES.

FORM 990, SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CORRESPONDING STATE REVENUE AND TAXATION STATUTES, EXCEPT FOR ANY FEDERAL INCOME THAT MAY BE A RESULT OF UNRELATED BUSINESS TRANSACTIONS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART XI, LINE 4B

SPECIAL EVENT EXPENSES -919,286

FORM 990, SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENT EXPENSES 919,286

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA	12.	991.	PROGRAM SERVICES	SEE PART V	74,148,588.
(2) EUROPE	1.	4.	PROGRAM SERVICES	SEE PART V	1,058,442.
(3) NORTH AMERICA			PROGRAM SERVICES	SEE PART V	208,157.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEE PART V	58,549.
(5) SOUTH ASIA			PROGRAM SERVICES	SEE PART V	14,318.
(6) SOUTH AMERICA			PROGRAM SERVICES	SEE PART V	1,959.
(7) SUB-SAHARAN AFRICA			FUNDRAISING		204,677.
(8) EUROPE			FUNDRAISING		281,208.
(9) SOUTH ASIA			FUNDRAISING		7,259.
(10) SUB-SAHARAN AFRICA			GRANTMAKING		19,264,787.
(11) SOUTH ASIA			GRANTMAKING		299,456.
(12) NORTH AMERICA			GRANTMAKING		10,000.
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	13.	995.			95,557,400.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	13.	995.			95,557,400.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	96,661.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	450,765.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	85,248.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	134,909.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	19,723.	WIRE TRANSF	3,329.	[B] - PART V	FMV
(6)			SUB-SAHARAN AFRICA	SEE PART V	160,725.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	187,681.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	61,379.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	49,260.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	89,718.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	31,684.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	33,953.	WIRE TRANSF	351.	[B] - PART V	FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V	59,737.	WIRE TRANSF	18,413.	[B] - PART V	FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V	11,225.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	11,941.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	28,892.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	9,748.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	95,445.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	16,459.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	28,769.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	138,487.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	26,223.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	15,494.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	59,170.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	145,705.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	53,859.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	131,344.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	31,273.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	63,960.	WIRE TRANSF	1,219.	[A] - PART V	FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V	40,867.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	428,676.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	98,400.	WIRE TRANSF	11,243.	[D] - PART V	FMV

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	48,253.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	19,189.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	35,271.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	44,552.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	5,846.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	31,044.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	64,473.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	196,571.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	63,902.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	57,054.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	97,044.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	109,161.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	31,698.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	32,445.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	38,323.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	63,402.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	117,499.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	122,071.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	11,102.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	14,746.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	135,542.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	144,264.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	18,253.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	31,698.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	12,814.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	55,546.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	7,434.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	128,248.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	25,437.	WIRE TRANSF	2,850.	[B] - PART V	FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V	47,640.	WIRE TRANSF	3,813.	[B] - PART V	FMV
(15)			SUB-SAHARAN AFRICA	SEE PART V	28,277.	WIRE TRANSF	752.	[B] - PART V	FMV
(16)			SUB-SAHARAN AFRICA	SEE PART V	23,714.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	32,725.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	48,687.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	67,925.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	14,565.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	49,889.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	8,349.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	9,774.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	61,317.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	14,747.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	46,566.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	61,012.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	48,076.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	38,784.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	64,123.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	35,056.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	45,935.	WIRE TRANSF			

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

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	10,392.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	77,217.	WIRE TRANSF	1,139.	B] - PART V	FMV
(3)			SUB-SAHARAN AFRICA	SEE PART V	25,510.	WIRE TRANSF	8,974.	[C - PART V	FMV
(4)			SUB-SAHARAN AFRICA	SEE PART V	7,429.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	5,622.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	34,791.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	562,561.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	19,082.	WIRE TRANSF	2,850.	[B] - PART V	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V	129,905.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	91,662.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	113,481.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	71,192.	WIRE TRANSF	7,102.	[B] - PART V	FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V	29,532.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	9,054.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	7,225.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	40,464.	WIRE TRANSF	14,694.	[B] - PART V	FMV

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

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	29,926.	WIRE TRANSF	4,351.	[B] - PART V	FMV
(2)			SUB-SAHARAN AFRICA	SEE PART V	33,912.	WIRE TRANSF	3,307.	[B] - PART V	FMV
(3)			SUB-SAHARAN AFRICA	SEE PART V	98,433.	WIRE TRANSF	25,310.	[B] - PART V	FMV
(4)			SUB-SAHARAN AFRICA	SEE PART V	151,247.	WIRE TRANSF	13,178.	[B] - PART V	FMV
(5)			SUB-SAHARAN AFRICA	SEE PART V	31,388.	WIRE TRANSF	437.	[B] - PART V	FMV
(6)			SUB-SAHARAN AFRICA	SEE PART V	10,347.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	17,008.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	67,629.	WIRE TRANSF	6,010.	[D] - PART V	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V	169,190.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	8,757.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	341,068.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	132,495.	WIRE TRANSF	6,184.	[B] - PART V	FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V	36,364.	WIRE TRANSF	1,419.	[B] - PART V	FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V	60,640.	WIRE TRANSF	112.	[A] - PART V	FMV
(15)			SUB-SAHARAN AFRICA	SEE PART V	31,806.	WIRE TRANSF	5,000.	[B] - PART V	FMV
(16)			SUB-SAHARAN AFRICA	SEE PART V	242,728.	WIRE TRANSF			

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

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	64,591.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	34,257.	WIRE TRANSF	3,120.	[B] - PART V	FMV
(3)			SUB-SAHARAN AFRICA	SEE PART V	5,191.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	13,344.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	23,604.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	32,267.	WIRE TRANSF	3,487.	[B] - PART V	FMV
(7)			SUB-SAHARAN AFRICA	SEE PART V	49,214.	WIRE TRANSF	18,188.	[C] - PART V	FMV
(8)			SUB-SAHARAN AFRICA	SEE PART V	11,197.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	5,806.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	35,690.	WIRE TRANSF	10,211.	[B] - PART V	FMV
(11)			SUB-SAHARAN AFRICA	SEE PART V	396,462.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	19,741.	WIRE TRANSF	502.	[B] - PART V	FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V	54,364.	WIRE TRANSF	7,250.	[B] - PART V	FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V	119,897.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	466,988.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	14,102.	WIRE TRANSF			

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

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	7,357.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	40,870.	WIRE TRANSF	237.	[B] - PART V	FMV
(3)			SUB-SAHARAN AFRICA	SEE PART V	76,601.	WIRE TRANSF	5,479.	[D] - PART V	FMV
(4)			SUB-SAHARAN AFRICA	SEE PART V	65,532.	WIRE TRANSF	3,710.	[B] - PART V	FMV
(5)			SUB-SAHARAN AFRICA	SEE PART V	90,255.	WIRE TRANSF	4,955.	[B] - PART V	FMV
(6)			SUB-SAHARAN AFRICA	SEE PART V	50,174.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	15,302.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	57,738.	WIRE TRANSF	35,700.	[B] - PART V	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V	26,658.	WIRE TRANSF	14,622.	[B] - PART V	FMV
(10)			SUB-SAHARAN AFRICA	SEE PART V	31,995.	WIRE TRANSF	345.	[B] - PART V	FMV
(11)			SUB-SAHARAN AFRICA	SEE PART V	93,144.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	62,581.	WIRE TRANSF	2,334.	[B] - PART V	FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V	18,661.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	18,478.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	14,801.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	137,231.	WIRE TRANSF	6,822.	[B] - PART V	FMV

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	30,697.	WIRE TRANSF	358.	[B] - PART V	FMV
(2)			SUB-SAHARAN AFRICA	SEE PART V	131,747.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	62,788.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	102,757.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	32,235.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	42,469.	WIRE TRANSF	8,157.	[D] - PART V	FMV
(7)			SUB-SAHARAN AFRICA	SEE PART V	27,327.	WIRE TRANSF	11,596.	[B] - PART V	FMV
(8)			SUB-SAHARAN AFRICA	SEE PART V	55,757.	WIRE TRANSF	3,051.	[B] - PART V	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V	42,804.	WIRE TRANSF	2,944.	[B] - PART V	FMV
(10)			SUB-SAHARAN AFRICA	SEE PART V	78,272.	WIRE TRANSF	23,274.	[D] - PART V	FMV
(11)			SUB-SAHARAN AFRICA	SEE PART V	23,821.	WIRE TRANSF	4,626.	[B] - PART V	FMV
(12)			SUB-SAHARAN AFRICA	SEE PART V	204,369.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	18,233.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	14,980.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	213,251.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	187,411.	WIRE TRANSF	10,007.	[D] - PART V	FMV

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	120,540.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	551,209.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	254,233.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	15,455.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	16,933.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	11,374.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	7,654.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	84,565.	WIRE TRANSF	3,569.	[B] - PART V	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V	113,517.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	105,830.	WIRE TRANSF	7,855.	[D] - PART V	FMV
(11)			SUB-SAHARAN AFRICA	SEE PART V	7,028.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	63,085.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	20,088.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	32,991.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	51,795.	WIRE TRANSF	4,607.	[B] - PART V	FMV
(16)			SUB-SAHARAN AFRICA	SEE PART V	47,493.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	27,878.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	209,794.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	45,336.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	56,371.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	99,999.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	37,167.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	29,771.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	169,581.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	89,713.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	61,175.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	55,770.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	61,719.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	54,220.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	61,571.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	55,596.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	72,021.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	119,392.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	97,037.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	63,630.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	137,019.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	56,518.	WIRE TRANSF			
(6)			SUB-SAHARAN AFRICA	SEE PART V	141,076.	WIRE TRANSF			
(7)			SUB-SAHARAN AFRICA	SEE PART V	69,338.	WIRE TRANSF			
(8)			SUB-SAHARAN AFRICA	SEE PART V	88,617.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	47,589.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	68,978.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	134,273.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	46,447.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V	56,019.	WIRE TRANSF			
(14)			SUB-SAHARAN AFRICA	SEE PART V	84,235.	WIRE TRANSF			
(15)			SUB-SAHARAN AFRICA	SEE PART V	80,179.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	83,385.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	27,446.	WIRE TRANSF	9,794.	[D] - PART V	FMV
(2)			SUB-SAHARAN AFRICA	SEE PART V	12,097.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	9,422.	WIRE TRANSF	11,558.	[B] - PART V	FMV
(4)			SUB-SAHARAN AFRICA	SEE PART V	14,060.	WIRE TRANSF	18,001.	[B] - PART V	FMV
(5)			SUB-SAHARAN AFRICA	SEE PART V	40,576.	WIRE TRANSF	771.	[B] - PART V	FMV
(6)			SUB-SAHARAN AFRICA	SEE PART V	49,991.	WIRE TRANSF	3,320.	[D] - PART V	FMV
(7)			SUB-SAHARAN AFRICA	SEE PART V	72,686.	WIRE TRANSF	1,969.	[D] - PART V	FMV
(8)			SUB-SAHARAN AFRICA	SEE PART V	121,947.	WIRE TRANSF	2,376.	[B] - PART V	FMV
(9)			SUB-SAHARAN AFRICA	SEE PART V	227,678.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	117,702.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	62,284.	WIRE TRANSF	35,600.	[B] - PART V	FMV
(12)			SUB-SAHARAN AFRICA	SEE PART V	87,631.	WIRE TRANSF	13,051.	[D] - PART V	FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V	30,070.	WIRE TRANSF	326.	[B] - PART V	FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V	3,841.	WIRE TRANSF	4,418.	[B] - PART V	FMV
(15)			SUB-SAHARAN AFRICA	SEE PART V	916,956.	WIRE TRANSF			
(16)			SUB-SAHARAN AFRICA	SEE PART V	24,667.	WIRE TRANSF			

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

3 Enter total number of other organizations or entities. **▶** _____

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	10,586.	WIRE TRANSF			
(2)			SUB-SAHARAN AFRICA	SEE PART V	26,310.	WIRE TRANSF			
(3)			SUB-SAHARAN AFRICA	SEE PART V	28,014.	WIRE TRANSF			
(4)			SUB-SAHARAN AFRICA	SEE PART V	202,565.	WIRE TRANSF			
(5)			SUB-SAHARAN AFRICA	SEE PART V	157,022.	WIRE TRANSF	20,417.	[D] - PART V	FMV
(6)			SUB-SAHARAN AFRICA	SEE PART V	20,374.	WIRE TRANSF	5,296.	[B] - PART V	FMV
(7)			SUB-SAHARAN AFRICA	SEE PART V	87,460.	WIRE TRANSF	537.	[B] - PART V	FMV
(8)			SUB-SAHARAN AFRICA	SEE PART V	89,936.	WIRE TRANSF			
(9)			SUB-SAHARAN AFRICA	SEE PART V	19,460.	WIRE TRANSF			
(10)			SUB-SAHARAN AFRICA	SEE PART V	106,111.	WIRE TRANSF			
(11)			SUB-SAHARAN AFRICA	SEE PART V	245,570.	WIRE TRANSF			
(12)			SUB-SAHARAN AFRICA	SEE PART V	342,804.	WIRE TRANSF			
(13)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	26,059.	[C] - PART V	FMV
(14)			SOUTH ASIA	SEE PART V	299,456.	WIRE TRANSF			
(15)			NORTH AMERICA	SEE PART V	10,000.	WIRE TRANSF			
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **239.**

3 Enter total number of other organizations or entities.

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* 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 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 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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to 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).

FORM 990, SCHEDULE F, PART I, LINE 1

THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEES OVERSEAS. A PRE-AWARD ASSESSMENT OF THE GRANTEE DETERMINES AN INITIAL RISK LEVEL FOR FINANCIAL/ADMINISTRATIVE PERFORMANCE. BASED ON THE INITIAL RISK LEVEL AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF CAPACITY BUILDING NEEDED. MONITORING AND SUPPORT ARE CONDUCTED BY BOTH TECHNICAL STAFF AND OPERATIONS STAFF. TECHNICAL STAFF MONITOR AND HELP IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS. OPERATIONS STAFF - SUCH AS AWARDS AND COMPLIANCE AND FINANCE STAFF - REVIEW GRANTEES' FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION ARE ALLOWABLE, ALLOCABLE, AND REASONABLE. IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN.

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN(E)

PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES AFFLICTED WITH HIV/ AIDS AS WELL AS MONITORING OF THE USE OF ALL GRANT FUNDS SENT TO FOREIGN ORGANIZATIONS.

FORM 990, SCHEDULE F, PART II, COLUMN(D)

TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES

Part V Supplemental Information

Complete this part to 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).

FORM 990, SCHEDULE F, PART II, COLUMN(H)

[A] OPERATING EXPENSES; [B] MEDICAL SUPPLIES AND/OR MEDICAL EQUIPMENT;

[C] MEDICAL SUPPLIES, OPERATING EXPENSES, AND/OR ONE OR MORE MOTORIZED

VEHICLES/VEHICLE RELATED ACCESSORIES; [D] MEDICAL SUPPLIES, VARIOUS

OPERATING EXPENSES (E.G. SALARY, FRINGE BENEFITS, RENT, EQUIPMENT,

FURNITURE, ETC.)

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Part I

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BLUE STATE DIGITAL	FUNDRAISING CONSULTING		X		394,795.	-394,795.
2 FOUNDING STRATEGIES INC	SPEC EVENT FUNDRAISING		X	30,000.	60,000.	-30,000.
3 MCARDLE PRINTING COMPANY, INC	DIRECT MAIL SOLICITING		X	32,705.	24,895.	7,810.
4						
5						
6						
7						
8						
9						
10						
Total				▶ 62,705.	479,690.	-416,985.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GLOBAL CHAMPION (event type)	TIMEFORHEROES (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	528,150.	621,595.	25,000.	1,174,745.
	2 Less: Contributions	475,550.	597,220.	25,000.	1,097,770.
	3 Gross income (line 1 minus line 2)	52,600.	24,375.	0	76,975.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	30,613.	259,630.		290,243.
	6 Rent/facility costs	205,494.	50,000.		255,494.
	7 Food and beverages	58,349.			58,349.
	8 Entertainment				
	9 Other direct expenses	192,296.	122,904.		315,200.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				919,286.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-842,311.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

FORM 990, SCHEDULE G, PART I, LINE 2B COLUMN(I)

406 7TH STREET, NW

WASHINGTON, DC 20004

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

FORM 990, SCHEDULE G, PART I, LINE 2B COLUMN(I)

818 CONNECTICUT AVE, NW

WASHINGTON, DC 20006

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

FORM 990, SCHEDULE G, PART I, LINE 2B COLUMN(I)

800 COMMERCE DRIVE

UPPER MARLBORO, MD 20774

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	20-2951275	501(C)(3)	571,451.				SEE PART IV
(2) PATHFINDER 9 GALEN ST #217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	2,133,731.				SEE PART IV
(3) J.F. KAPNEK CHARITABLE TRUST 936 DEWING AVE STE E3 LAFAYETTE, CA 94549	23-7165692	501(C)(3)	461,190.				SEE PART IV
(4) PATH 2201 WESTLAKE AVE #200 SEATTLE, WA 98121	91-1157127	501(C)(3)	128,999.				SEE PART IV
(5) AFRICAN MED & RESEARCH FDN. 4 WEST 43RD ST NEW YORK, NY 10036	13-1867411	501(C)(3)	44,289.				SEE PART IV
(6) FOOD FOR THE HUNGRY ASSOC. 7739 E BROADWAY 353 TUCSON, AZ 85710	87-0317170	501(C)(3)	191,924.				SEE PART IV
(7) TINY TIM AND FRIENDS 14204 WOODHAVEN ROAD MINNETONKA, MN 55345	26-3545125	501(C)(3)	46,939.				SEE PART IV
(8) HENRY M. JACKSON FOUNDATION 6720A ROCKLEDGE DR #100 BETHESDA, MD 20817	52-1317896	501(C)(3)	73,500.				SEE PART IV
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

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

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEES. A PRE-AWARD ASSESSMENT OF THE GRANTEE DETERMINES AN INITIAL RISK LEVEL FOR FINANCIAL/ADMINISTRATIVE PERFORMANCE. BASED ON THE INITIAL RISK LEVEL AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF CAPACITY BUILDING NEEDED. MONITORING AND SUPPORT ARE CONDUCTED BY BOTH TECHNICAL STAFF AND OPERATIONS STAFF. TECHNICAL STAFF MONITOR AND HELP IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS. OPERATIONS STAFF - SUCH AS AWARDS AND COMPLIANCE

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AND FINANCE STAFF - REVIEW GRANTEES' FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION ARE ALLOWABLE, ALLOCABLE, AND REASONABLE. IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN.

FORM 990, SCHEDULE I, PART II, COLUMN(H)

TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHARLES J LYONS II PRESIDENT AND CEO	(i) 364,895.	25,000.	41,711.	77,850.	7,855.	517,311.	0
	(ii)	0	0	0	0	0	0	0
2	PHILIP O'BRIEN EVP, COMM, ADVOCACY, DEV'T	(i) 246,280.	0	72,100.	17,500.	6,303.	342,183.	0
	(ii)	0	0	0	0	0	0	0
3	NICHOLAS S HELLMANN EVP, MED & SCI AFFAIRS	(i) 256,129.	0	25,832.	17,850.	803.	300,614.	0
	(ii)	0	0	0	0	0	0	0
4	BRADLEY J KILEY CHIEF OPERATING OFFICER	(i) 224,828.	0	28,634.	13,327.	6,142.	272,931.	0
	(ii)	0	0	0	0	0	0	0
5	PATRICIA DEVINE-KARLIN VP, GLOBAL BUS PLANNING	(i) 225,126.	0	17,361.	17,112.	7,495.	267,094.	0
	(ii)	0	0	0	0	0	0	0
6	ROBERT J SIMONDS VP, PRGM INNOV & POLICY	(i) 212,264.	0	25,832.	16,293.	1,002.	255,391.	0
	(ii)	0	0	0	0	0	0	0
7	ADRIAANTJE GIPHART VP, PRGM, IMPLEMENTATION	(i) 210,733.	0	16,508.	16,148.	7,753.	251,142.	0
	(ii)	0	0	0	0	0	0	0
8	TAMARA L WARD-DAHL VP, ADMIN AND HR	(i) 185,301.	0	41,073.	15,110.	7,293.	248,777.	0
	(ii)	0	0	0	0	0	0	0
9	PETER SAVOSNICK SEN DIR, COUNTRY MGMT	(i) 133,827.	0	95,656.	10,133.	6,821.	246,437.	0
	(ii)	0	0	0	0	0	0	0
10	STEPHEN LEE SEN DIR, COUNTRY MGMT	(i) 203,156.	0	17,874.	13,737.	2,946.	237,713.	0
	(ii)	0	0	0	0	0	0	0
11	FERNANDO MORALES COUNTRY DIR, MOZAMBIQUE	(i) 98,475.	0	120,362.	7,460.	4,302.	230,599.	0
	(ii)	0	0	0	0	0	0	0
12	JEROEN VAN'T PAD BOSCH COUNTRY DIR, TANZANIA	(i) 109,155.	0	108,601.	8,264.	4,305.	230,325.	0
	(ii)	0	0	0	0	0	0	0
13	DOUGLAS HORNER VP, AWARDS & COMPLIANCE	(i) 191,305.	0	15,349.	14,775.	7,753.	229,182.	0
	(ii)	0	0	0	0	0	0	0
14	NICOLE BUONO COUNTRY DIR, MALAWI	(i) 94,167.	0	96,229.	7,543.	13,625.	211,564.	0
	(ii)	0	0	0	0	0	0	0
15	SUSAN MICHAELS-STRASSER COUNTRY DIR, ZAMBIA	(i) 89,466.	0	98,943.	7,911.	13,627.	209,947.	0
	(ii)	0	0	0	0	0	0	0
16	MOHAMMED MAHDI COUNTRY DIR, SWAZILAND	(i) 100,932.	0	65,273.	7,645.	4,303.	178,153.	0
	(ii)	0	0	0	0	0	0	0

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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 APPOLINAIRE TIAM COUNTRY DIR, LESOTHO	(i)	91,728.	0	66,543.	6,183.	4,300.	168,754.	0
	(ii)	0	0	0	0	0	0	0
2 AGNES MAHOMVA COUNTRY DIR, ZIMBABWE	(i)	179,476.	0	0	11,528.	698.	191,702.	0
	(ii)	0	0	0	0	0	0	0
3 ALEXANDRE BOON TECH DIR, MOZAMBIQUE	(i)	92,344.	0	127,409.	0	4,185.	223,938.	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTIAN PITTEP SEN DIR, TECH POLICY	(i)	166,631.	0	12,958.	12,709.	7,462.	199,760.	0
	(ii)	0	0	0	0	0	0	0
5 ROLAND VAN DE VEN TECH DIR, TANZANIA	(i)	87,171.	0	100,242.	6,609.	4,223.	198,245.	0
	(ii)	0	0	0	0	0	0	0
6 INNOCENT HOVE PROVINCIAL CLINICAL ADV	(i)	63,458.	0	126,090.	0	8,056.	197,604.	0
	(ii)	0	0	0	0	0	0	0
7 SILVIA MIKUSOVA SEN TECH ADVISOR, MOZ	(i)	75,872.	0	106,759.	5,975.	8,351.	196,957.	0
	(ii)	0	0	0	0	0	0	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

FORM 990, SCHEDULE J, PART I, LINE 1A

THE FOUNDATION PAYS FOR THE HOUSING OF ALL OF ITS U.S. EXPATRIATES AND THIRD-COUNTRY NATIONALS LIVING AND WORKING IN SUB-SAHARAN AFRICA. THESE AMOUNTS ARE INCLUDED IN COLUMN III OF SCHEDULE J, PART II ABOVE. THESE INDIVIDUALS ARE PHILIP O'BRIEN, JEROEN VAN'T PAD BOSCH, ROLAND VAN DE VEN, FERNANDO MORALES, SUSAN MICHAELS-STRASSER, ALEXANDRE BOON, MOHAMMED MAHDI, INNOCENT HOVE, APOLINAIRE TIAM, SILVIA MIKUSOVA, AND NICOLE BUONO.

THE FOUNDATION ALSO MAKES TAX INDEMNIFICATION PAYMENTS FOR PHILIP O'BRIEN.

FORM 990, SCHEDULE J, PART I, LINE 3

IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE FOUNDATION HAS IN THE PAST ENGAGED A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AND HAS ENGAGED AN OUTSIDE ATTORNEY TO PROVIDE FURTHER GUIDANCE REGARDING THE PROPOSED COMPENSATION PACKAGE.

IN THE CURRENT YEAR, THE FOUNDATION REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS

Part III Supplemental Information

Complete this part to 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.

REVENUE AND REVISITED THE DATA OBTAINED FROM THE AFOREMENTIONED EXECUTIVE RECRUITER FOR USE AS A BENCHMARK. BASED ON THAT DATA, THE FOUNDATION'S BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, MET IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER. DOCUMENTATION SUPPORTING THE DECISION THAT WAS MADE IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4 .	29,208 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		4 .	642,906 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
AIRLINE MILES	X	1.	51,116.	FMV
HOTEL ROOMS	X	1.	1,700.	FMV
MEDICAL EQUIP/SUPPLIES	X	1.	516,517.	FMV
PRINTERS	X	1.	73,573.	FMV
TOTALS		<u>4.</u>	<u>642,906.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

FORM 990, PART III, LINE 1

IS A GLOBAL LEADER IN THE FIGHT TO ELIMINATE PEDIATRIC HIV AND AIDS AND
HAS REACHED MORE THAN 20 MILLION WOMEN WITH SERVICES TO PREVENT
TRANSMISSION OF HIV TO THEIR BABIES.

FORM 990, PART III, LINE 4D

THE FOUNDATION'S OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S
COMMUNICATIONS, EDUCATION, AND OUTREACH EFFORTS.

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES ARE CONGO (KINSHASA), COTE D'IVOIRE (IVORY COAST),
KENYA, LESOTHO, MALAWI, MOZAMBIQUE, RWANDA, SOUTH AFRICA, SWAZILAND,
SWITZERLAND, TANZANIA, UGANDA, ZAMBIA, AND ZIMBABWE.

FORM 990, PART VI, SECTION B, LINE 11

PRIOR TO THE ISSUANCE OF THE FORM 990, THE FORM WAS REVIEWED IN DETAIL BY
THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, VICE PRESIDENT OF
HUMAN RESOURCES AND ADMINISTRATION, AND SENIOR DIRECTOR OF ACCOUNTING.
THE CEO, VP OF HR AND ADMINISTRATION, AND SENIOR DIRECTOR OF ACCOUNTING
OF THE FOUNDATION ALSO MET WITH THE AUDIT COMMITTEE OF THE BOARD OF
DIRECTORS TO REVIEW AND APPROVE THE 990 PRIOR TO ITS ISSUANCE. FINALLY,
COPIES WERE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO
ISSUANCE.

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

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

MEMBERS OF THE FOUNDATION'S GOVERNING BODY AS WELL AS FOUNDATION STAFF ARE ASKED TO SIGN A STATEMENT REQUIRING THEM TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS. IN ADDITION, STAFF ARE MADE AWARE OF THE FOUNDATION'S POLICY UPON HIRING AND ARE ASKED TO DISCLOSE THE EXISTENCE OF ANY CONFLICTS OF INTEREST AT THAT TIME. THE CURRENT POLICY, WHICH COVERS ALL FOUNDATION EMPLOYEES, REQUIRES THAT ALL PERSONNEL IMMEDIATELY NOTIFY THE VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION AS SOON AS POTENTIAL CONFLICTS ARISE. THE VP OF HUMAN RESOURCES AND ADMINISTRATION WILL THEN DETERMINE THE APPROPRIATE CHANNEL OF CONSIDERATION FOR THE CONFLICT AND RESPOND TO THE DISCLOSING PARTY BEFORE THE TRANSACTION IN QUESTION MAY BE CONSUMMATED. NON-RESPONSES ARE REVISITED BY APPROPRIATE MEMBERS OF MANAGEMENT.

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

IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE FOUNDATION HAS IN THE PAST ENGAGED A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AND HAS ENGAGED AN OUTSIDE ATTORNEY TO PROVIDE FURTHER GUIDANCE REGARDING THE PROPOSED COMPENSATION PACKAGE.

IN THE CURRENT YEAR, THE FOUNDATION REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE AND REVISITED THE DATA OBTAINED FROM THE AFOREMENTIONED EXECUTIVE RECRUITER FOR USE AS A BENCHMARK. BASED ON THAT DATA, THE FOUNDATION'S BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number
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OF INTEREST WITH RESPECT TO THE ARRANGEMENT, MET IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER. DOCUMENTATION SUPPORTING THE DECISION THAT WAS MADE IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION.

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

IN ORDER TO DETERMINE AND ENSURE EQUITABLE COMPENSATION PACKAGES FOR THE FOUNDATION'S OFFICERS AND KEY EMPLOYEES, THE FOUNDATION ENGAGED A GLOBAL COMPENSATION CONSULTING FIRM TO HELP ESTABLISH A GLOBAL SALARY STRUCTURE, IDENTIFY KEY POSITIONS AND MATCH THEM TO RELEVANT COMPENSATION SURVEYS TO ENSURE THE APPROPRIATE PLACEMENT OF POSITIONS WITHIN THE SALARY STRUCTURE, AND TO ANALYZE EMPLOYEES INDIVIDUAL COMPENSATION LEVELS, BASED ON PERFORMANCE AND RELEVANT EXPERIENCE. IN ADDITION, THROUGHOUT THE YEAR, THE FOUNDATION HAS UTILIZED SURVEY DATA FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AS WELL AS REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE. SALARIES FOR NEW HIRES AND FOR CONTINUING EMPLOYEES IS ADJUSTED AS NECESSARY BASED ON THE FOUNDATION'S SALARY STRUCTURE AND THE MOST RECENTLY AVAILABLE BENCHMARK DATA. BASED ON THAT DATA, THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION AND OTHER MEMBERS OF MANAGEMENT AS NECESSARY, PERSONS WHO DID NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION PACKAGES GIVEN TO OTHER OFFICERS AND KEY EMPLOYEES THAT THEY SUPERVISE, AGREED UPON THE APPROPRIATE COMPENSATION PACKAGES. DOCUMENTATION SUPPORTING COMPENSATION DECISIONS IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number
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RESOURCES AND ADMINISTRATION.

FORM 990, PART VI, SECTION C, LINE 19

THE FOUNDATION MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AS WELL AS ITS IRS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAM SERVICES		1,519,444.	
TOTALS		<u>1,519,444.</u>	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE GEORGE WASHINGTON UNIVERSITY 2300 EYE STREET NW WASHINGTON, DC 20037	PROGRAM SRV SUPPORT	434,749.
BLUE STATE DIGITAL 406 7TH STREET, NW WASHINGTON, DC 20004	PROF FUNDRAISER	394,795.

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

ATTACHMENT 3 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INSTITUTE FOR COLLABORATIVE DEVELOPMENT 1903 GOUGH STREET BALTIMORE, MD 21231	PROGRAM SRV SUPPORT	252,669.
GO WEST CREATIVE GROUP 2248 WEST TOWNSGATE ROAD STE. 100 WESTLAKE VILLAGE, CA 91361	SPECIAL EVENT PLAN	250,000.
ERNST & YOUNG LLP 8484 WESTPARK DRIVE MCLEAN, VA 22102	AUDIT SERVICES	215,948.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Name and title of officer

BRADLEY J KILEY, COO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>119164859.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 20036 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2013 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.

Officer's signature ▶ Bradley J Kiley

Date ▶ August 14, 2014

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.

52761588462

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization 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 ▶ R. M. Smith CPA

Date ▶ 8/14/2014

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So