

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 2014

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2014

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, CHIEF OPERATING OFFICER

### 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>126056619.</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 2014 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 

4	3	5	6	2
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 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 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 2014 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 ▶ 08/11/2015

### 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.

5	2	7	6	1	5	3	5	6	6	6
---	---	---	---	---	---	---	---	---	---	---

  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 ▶

*T. Michael Sp... com*

Date ▶ 8/12/2015

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

# TAX RETURN FILING INSTRUCTIONS

PUBLIC DISCLOSURE COPY  
FEDERAL FORM 990

FOR THE YEAR ENDING

~~DECEMBER 31, 2014~~

Prepared for	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVE., NW 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 FORM 990 FOR THREE PRECEDING YEARS 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.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

Form header section containing organization name (ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION), EIN (95-4191698), address (1140 CONNECTICUT AVE., NW, WASHINGTON, DC 20036), principal officer (CHARLES J LYONS II), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

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.

Signature block containing signature of officer (BRADLEY J KILEY, COO), preparer's name (MIKE SORRELLS), firm name (BDO USA, LLP), and other preparer information.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

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

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number (EIN) or <b>95-4191698</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1140 CONNECTICUT AVE., NW</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **DANIEL WARCO, 1140 CONNECTICUT AVE., NW SUITE 200 WASHINGTON, DC 20036**

Telephone No. ► **202 448-8462** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2014 or

►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 107,617,871. including grants of \$ 22,655,385.) (Revenue \$ \_\_\_\_\_)

PREVENTION AND TREATMENT PROGRAMS: EGPAF WORKS WITH ITS PARTNERS IN 14 COUNTRIES (13 IN SUB-SAHARAN AFRICAN, AS WELL AS INDIA) 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 \$ 1,745,923. including grants of \$ 73,500.) (Revenue \$ \_\_\_\_\_)

ATTACHMENT 2

**4c** (Code: \_\_\_\_\_) (Expenses \$ 920,151. 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 POLICYMAKERS, THE SCIENTIFIC COMMUNITY, AND GLOBAL BUSINESS LEADERS, THE FOUNDATION HAS EXPANDED FUNDING FOR PEDIATRIC RESEARCH, ADVOCATED FOR INCREASED GLOBAL AIDS FUNDING AND PRIORITIZATION OF THE NEEDS OF CHILDREN IN GLOBAL HIV/AIDS PROGRAMMING.

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

(Expenses \$ 1,837,004. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 112,120,949.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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	
<b>15</b> 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	
<b>16</b> 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
<b>17</b> 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</i> (see instructions). . . . .	X	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b>	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	
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b>	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
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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, and Yes/No checkboxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.



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 (14), 1b (13), 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 3
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, address, and telephone number of the person who possesses the organization's books and records: 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) LYONS II, CHARLES J. PRESIDENT AND CEO	40.00 0	X		X				620,768.	0	35,626.
(2) GLASER, PAUL HONORARY CHAIRMAN	.50 0	X						0	0	0
(3) HAGEY, RUSS CO-CHAIR	.50 0	X						0	0	0
(4) HILL, ANNIE SECRETARY	.50 0	X						0	0	0
(5) MCCUNE, JOSEPH M.D., PHD. BOARD MEMBER	.50 0	X						0	0	0
(6) PAPE, STUART BOARD MEMBER	.50 0	X						0	0	0
(7) WELLDE, GEORGE BOARD MEMBER	.50 0	X						0	0	0
(8) ABDI, OMAR BOARD MEMBER	.50 0	X						0	0	0
(9) CRAVERO-KRISTOFFERSSON, KATHLE BOARD MEMBER	.50 0	X						0	0	0
(10) KERGER, PAULA BOARD MEMBER	.50 0	X						0	0	0
(11) ZEEGEN, SUSIE BOARD MEMBER	.50 0	X						0	0	0
(12) DODD, CHRISTOPHER BOARD MEMBER	.50 0	X						0	0	0
(13) SMITH, JUSTIN BOARD MEMBER	.50 0	X						0	0	0
(14) BARKER, NIGEL BOARD MEMBER	.50 0	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) DEVINE-KARLIN, PATRICIA EVP, EXT AFFAIRS & BUS DEV	40.00 0			X				262,772.	0	25,460.
16) GIPHART, ADRIAANTJE EVP, MED & SCIENTIFIC AFFAIRS	40.00 0			X				247,057.	0	27,258.
17) HELLMANN, NICHOLAS S. EVP, MED & SCIENTIFIC AFFAIRS	40.00 0			X				181,812.	0	12,910.
18) KILEY, BRADLEY J CHIEF OPERATING OFFICER	40.00 0			X				286,547.	0	25,023.
19) O'BRIEN, PHILIP EVP, COMM, ADVOCACY, DEVELOP	40.00 0			X				175,995.	0	10,700.
20) BUONO, NICOLE COUNTRY DIRECTOR, MALAWI	40.00 0				X			190,145.	0	29,374.
21) HORNER, DOUGLAS VP, AWDS, COMP & INT'L OPS	40.00 0				X			216,046.	0	24,970.
22) LEE, STEPHEN VP, PROG IMP & CNTRY MGMT	40.00 0				X			229,598.	0	16,772.
23) MAHDI, MOHAMMED COUNTRY DIRECTOR, SWAZILAND	40.00 0				X			164,485.	0	14,205.
24) MAHOMVA, AGNES COUNTRY DIRECTOR, ZIMBABWE	40.00 0				X			180,888.	0	13,348.
25) MATHIS, JILL VP, NEW BUSINESS DEVELOPMENT	40.00 0				X			177,401.	0	16,171.
<b>1b Sub-total</b> . . . . .								620,768.	0	35,626.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,721,717.	0	383,844.
<b>d Total (add lines 1b and 1c)</b> . . . . .								5,342,485.	0	419,470.

**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 **▶ 66**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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
<b>ATTACHMENT 4</b>		

**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 **▶ 12**

**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) MORALES, FERNANDO COUNTRY DIRECTOR, MOZAMBIQUE	40.00 0				X		167,334.	0	9,073.	
( 27) SAVOSNICK, PETER SR DIR, CTRY MGMT & SUPPORT	40.00 0				X		247,356.	0	19,795.	
( 28) SIMONDS, ROBERT J VP, PROG INNOV & POLICY	40.00 0				X		225,630.	0	15,946.	
( 29) TIAM, APPOLINAIRE COUNTRY DIRECTOR, LESOTHO	40.00 0				X		207,330.	0	13,569.	
( 30) VAN'T PAD BOSCH, JEROEN COUNTRY DIRECTOR, TANZANIA	40.00 0				X		227,375.	0	14,937.	
( 31) WARD-DAHL, TAMARA L VP, ADMIN AND HUMAN RESOURCES	40.00 0				X		223,715.	0	24,903.	
( 32) BOON, ALEXANDRE TECHNICAL DIRECTOR, MOZAMBIQUE	40.00 0					X	265,349.	0	6,022.	
( 33) HOVE, INNOCENT PROVINCIAL CLINICAL ADVISOR	40.00 0					X	215,615.	0	12,697.	
( 34) MIKUSOVA, SILVIA SR TECH ADV, MOZAMBIQUE	40.00 0					X	216,237.	0	19,360.	
( 35) MOIR, ANDREW DIR, INT'L HR	40.00 0					X	193,390.	0	18,280.	
( 36) VAN DE VEN, ROLAND TECHNICAL DIRECTOR, TANZANIA	40.00 0					X	219,640.	0	13,071.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶ 66**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,030,625.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	105,602,417.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	19,944,997.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		61,217.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			126,578,039.				
	<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			74,437.			74,437.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			17,330.			17,330.	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d Net rental income or (loss)</b> . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		472,382.	24,147.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			481,469.	14,168.		
		<b>c</b> Gain or (loss) . . . . .			-9,087.	9,979.		
	<b>d Net gain or (loss)</b> . . . . .			892.			892.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,030,625.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>			8,125.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		622,204.			
		<b>c Net income or (loss) from fundraising events.</b> . . . . .			-614,079.			-614,079.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c Net income or (loss) from gaming activities.</b> . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c Net income or (loss) from sales of inventory.</b> . . . . .			0				
<b>Miscellaneous Revenue</b>	<b>11a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
	<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			126,056,619.			-521,420.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,336,849.	3,336,849.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	19,392,036.	19,392,036.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,561,956.	3,736,413.	1,458,619.	366,924.
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 . . . . .	41,320,758.	35,579,500.	4,102,238.	1,639,020.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,303,988.	1,986,381.	233,839.	83,768.
9 Other employee benefits . . . . .	3,955,957.	3,316,105.	467,542.	172,310.
10 Payroll taxes . . . . .	1,698,783.	1,199,284.	353,862.	145,637.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	147,478.	136,838.	10,379.	261.
c Accounting . . . . .	195,382.	19,482.	175,900.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	231,725.			231,725.
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.) . . . . .	4,724,135.	3,924,028.	563,770.	236,337.
12 Advertising and promotion . . . . .	48,311.	44,612.	1,700.	1,999.
13 Office expenses . . . . .	7,040,914.	5,631,999.	1,169,639.	239,276.
14 Information technology . . . . .	1,410,595.	1,127,549.	281,874.	1,172.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	3,620,829.	2,875,628.	591,712.	153,489.
17 Travel . . . . .	7,681,141.	6,874,474.	586,654.	220,013.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	9,234,203.	9,167,582.	56,055.	10,566.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	95,396.	65,107.	30,289.	
23 Insurance . . . . .	616,719.	463,252.	125,272.	28,195.
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 -----	7,916,056.	7,915,989.		67.
b EQUIPMENT -----	1,117,157.	1,116,814.	230.	113.
c REPAIRS AND MAINTENANCE -----	1,338,500.	1,212,725.	123,924.	1,851.
d REIMBURSIBLE SUB-CONTRACTS -----	1,083,384.	1,083,384.		
e All other expenses -----	2,115,524.	1,914,918.	81,917.	118,689.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>126,187,776.</b>	<b>112,120,949.</b>	<b>10,415,415.</b>	<b>3,651,412.</b>
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	8,484,115.	<b>1</b>	9,283,232.
	<b>2</b> Savings and temporary cash investments	1,016,056.	<b>2</b>	1,018,425.
	<b>3</b> Pledges and grants receivable, net	5,243,341.	<b>3</b>	3,944,855.
	<b>4</b> Accounts receivable, net	2,371,684.	<b>4</b>	2,183,153.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	2,994,732.	<b>9</b>	3,514,081.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,611,911.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,301,655.	191,499.	<b>10c</b> 310,256.
	<b>11</b> Investments - publicly traded securities	2,213,150.	<b>11</b>	2,295,202.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	22,514,577.	<b>16</b>	22,549,204.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	7,671,506.	<b>17</b>	7,935,930.
	<b>18</b> Grants payable	2,141,036.	<b>18</b>	1,582,879.
	<b>19</b> Deferred revenue	3,831,835.	<b>19</b>	4,701,798.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	1,398,317.	<b>25</b>	1,604,574.
	<b>26 Total liabilities.</b> Add lines 17 through 25	15,042,694.	<b>26</b>	15,825,181.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,783,305.	<b>27</b>	6,229,082.
	<b>28</b> Temporarily restricted net assets	1,608,036.	<b>28</b>	416,600.
	<b>29</b> Permanently restricted net assets	80,542.	<b>29</b>	78,341.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	7,471,883.	<b>33</b>	6,724,023.
<b>34</b> Total liabilities and net assets/fund balances	22,514,577.	<b>34</b>	22,549,204.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	126,056,619.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	126,187,776.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-131,157.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,471,883.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	33,297.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-650,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,724,023.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

<b>Name of the organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	<b>Employer identification number</b> 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	151,181,047.	162,466,052.	122,027,629.	119,915,832.	126,578,039.	682,168,599.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	151,181,047.	162,466,052.	122,027,629.	119,915,832.	126,578,039.	682,168,599.
<b>5</b> 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). . . . .						23,909,556.
<b>6 Public support.</b> Subtract line 5 from line 4.						658,259,043.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	151,181,047.	162,466,052.	122,027,629.	119,915,832.	126,578,039.	682,168,599.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	120,195.	67,530.	60,548.	90,052.	91,767.	430,092.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						682,598,691.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	288,350.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.43%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.63%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013 . . . . .			
<b>e</b> Excess from 2014 . . . . .			

# Schedule of Contributors

**2014**

▶ **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](http://www.irs.gov/form990).

<b>Name of the organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	<b>Employer identification number</b> 2014
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**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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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).



<b>Name of organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	<b>Employer identification number</b> 2014
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 69,374,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 30,835,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 8,228,518.	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.)

Name of organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number 2014
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization **ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION**

Employer identification number  
2014

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number <b>95-4191698</b>
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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)				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		4,082.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		54,160.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		58,242.													
<b>d</b> Other exempt purpose expenditures . . . . .		126,129,534.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		126,187,776.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0	0												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0	0												
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	60,982.	43,196.	51,345.	58,242.	213,765.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,824.	2,756.	1,280.	4,082.	12,942.

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

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

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

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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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.

2014

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

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. 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) Revenue 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 Revenue 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance	80,542.	84,479.	89,022.	91,199.	92,225.
<b>b</b> Contributions			-4,543.	-2,177.	
<b>c</b> Net investment earnings, gains, and losses	-2,201.	-3,937.	1,271.	3,145.	2,970.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs			1,271.	3,145.	3,996.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	78,341.	80,542.	84,479.	89,022.	91,199.

- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  | X  |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		263,193.	263,193.	
<b>d</b> Equipment		421,418.	247,032.	174,386.
<b>e</b> Other		927,300.	791,430.	135,870.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				310,256.



**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	1,604,574.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	126,712,120.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 33,297.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	33,297.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	126,678,823.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -622,204.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-622,204.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	126,056,619.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	126,809,980.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 622,204.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	622,204.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	126,187,776.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	126,187,776.

**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)

SCH D, PART V

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

SCH 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, 2014 AND 2013, 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.

SCH D, PART XI, LINE 4B

SPECIAL EVENT EXPENSES -622,204

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**Part XIII** Supplemental Information *(continued)*

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SCH D, PART XII, LINE 2D

SPECIAL EVENT EXPENSES                      622,204

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**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.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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
<b>(1)</b> SUB-SAHARAN AFRICA	12.	1,111.	PROGRAM SERVICES	SEE PART V	80,004,636.
<b>(2)</b> EUROPE	1.	3.	PROGRAM SERVICES	SEE PART V	717,187.
<b>(3)</b> NORTH AMERICA			PROGRAM SERVICES	SEE PART V	148,968.
<b>(4)</b> EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEE PART V	222,191.
<b>(5)</b> SUB-SAHARAN AFRICA			FUNDRAISING		390,505.
<b>(6)</b> EUROPE			FUNDRAISING		205,815.
<b>(7)</b> NORTH AMERICA			FUNDRAISING		3,646.
<b>(8)</b> SOUTH ASIA			FUNDRAISING		14,400.
<b>(9)</b> EAST ASIA AND THE PACIFIC			FUNDRAISING		1,829.
<b>(10)</b> SUB-SAHARAN AFRICA			GRANTMAKING		19,187,929.
<b>(11)</b> SOUTH ASIA			GRANTMAKING		179,442.
<b>(12)</b> RUSSIA/INDEPENDENT STATES			GRANTMAKING		14,664.
<b>(13)</b> NORTH AMERICA			GRANTMAKING		10,000.
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	13.	1,114.			101,101,212.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	13.	1,114.			101,101,212.

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	16,264.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	21,507.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	11,157.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,305.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	24,921.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	21,449.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	680,890.	WIRE	38,955.	(A) PART V	COST
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	59,787.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	117,482.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	37,973.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	138,505.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	146,970.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	150,560.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	41,196.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	9,399.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	13,418.	WIRE			

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	38,653.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	35,358.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	94,214.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	96,236.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	32,802.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	45,820.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	6,481.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	19,417.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	56,433.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	25,342.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	111,703.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	52,946.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	45,861.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	70,222.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	132,946.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	106,874.	WIRE			

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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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	28,478.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	11,308.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	17,700.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	79,297.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,847.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	30,924.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	352,423.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	138,753.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	24,338.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	31,486.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	9,413.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	49,898.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	39,508.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	40,296.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	31,462.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	48,209.	WIRE			

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	320,136.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	14,918.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	91,261.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	9,617.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,501.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	20,848.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	12,600.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	50,472.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	48,703.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	108,058.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	21,219.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	30,846.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	33,127.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	6,575.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	6,194.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	86,378.	WIRE			

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	28,851.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	52,046.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	18,586.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	10,315.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	14,536.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	9,568.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	65,870.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	26,220.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	30,439.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	43,693.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	9,029.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	30,885.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	42,071.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	58,773.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	7,856.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	12,443.	WIRE			

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,416.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	26,237.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	5,585.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	46,590.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,940.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	21,775.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	228,446.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	12,518.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	27,765.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	514,387.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	26,749.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	43,285.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	73,685.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	122,210.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	80,441.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	57,978.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	185,794.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	28,200.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	5,152.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	37,948.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,369.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	48,806.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	195,075.	WIRE	6,240.	(B) PART V	COST
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	183,430.	WIRE	38,955.	(B) - PART V	COST
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	43,063.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	8,061.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	57,200.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	100,815.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	20,000.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	8,823.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	388,436.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	183,635.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	60,126.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	121,229.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	199,528.	WIRE	11,113.	(B) PART V	COSTO
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	125,341.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	44,075.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	7,093.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	26,277.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	41,917.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	17,386.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	42,538.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	23,368.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	61,756.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	298,564.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	41,155.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	16,900.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	66,337.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	113,197.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	471,570.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	112,364.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	12,400.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	6,062.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	51,655.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	24,820.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	51,693.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	86,340.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	106,867.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	122,104.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,800.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	66,434.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	84,063.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	66,498.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	86,613.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	39,794.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	20,000.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	102,831.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	24,500.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,200.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	11,800.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	189,700.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	52,918.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,000.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	38,336.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	109,967.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	87,786.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	58,757.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	107,687.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	44,093.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	26,600.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	208,308.	WIRE	38,955.	(A) PART V	COST
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	25,004.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	83,434.	WIRE			
<b>(4)</b>			RUSSIA/NEWLY IND. STATES	SEE PART V	14,664.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	7,800.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	8,596.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	71,432.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	261,139.	WIRE	38,955.	(B) PART V	COST
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,000.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	30,161.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	47,409.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	66,735.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	31,734.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	10,500.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	297,055.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	177,288.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,035.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,560.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	102,954.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	116,538.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	17,817.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	177,999.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	58,750.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	44,523.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	18,500.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	30,646.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	132,643.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,801.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,507.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	163,490.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	19,133.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	32,534.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	50,264.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	11,052.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	16,605.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	35,632.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	20,624.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	196,267.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	76,848.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	13,684.	WIRE			
<b>(9)</b>			SOUTH ASIA	SEE PART V	67,839.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	39,668.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	10,998.	WIRED			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	35,105.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	33,054.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	18,391.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	7,775.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	82,570.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	43,883.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	54,480.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	34,324.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	127,690.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	70,683.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	49,667.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	113,497.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	37,778.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	10,113.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	323,582.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	22,099.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	45,913.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	87,175.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	11,080.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	10,283.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	84,825.	WIRE			

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<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	112,382.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	69,331.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	107,974.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	38,504.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	57,292.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	73,579.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	64,144.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	55,969.	WIRE			
<b>(9)</b>			SUB-SAHARAN AFRICA	SEE PART V	6,964.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	61,820.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	40,777.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	78,106.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	45,814.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	194,562.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	177,870.	WIRE			
<b>(16)</b>			SOUTH ASIA	SEE PART V	179,442.	WIRE			

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	148,818.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,000.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	29,003.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	100,855.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	166,065.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	37,819.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	9,406.	WIRE			
<b>(8)</b>			SUB-SAHARAN AFRICA	SEE PART V	89,201.	WIRE			
<b>(9)</b>			NORTH AMERICA	SEE PART V	10,000.	WIRE			
<b>(10)</b>			SUB-SAHARAN AFRICA	SEE PART V	46,479.	WIRE			
<b>(11)</b>			SUB-SAHARAN AFRICA	SEE PART V	685,249.	WIRE			
<b>(12)</b>			SUB-SAHARAN AFRICA	SEE PART V	16,141.	WIRE			
<b>(13)</b>			SUB-SAHARAN AFRICA	SEE PART V	7,704.	WIRE			
<b>(14)</b>			SUB-SAHARAN AFRICA	SEE PART V	26,438.	WIRE			
<b>(15)</b>			SUB-SAHARAN AFRICA	SEE PART V	35,000.	WIRE			
<b>(16)</b>			SUB-SAHARAN AFRICA	SEE PART V	127,925.	WIRE			

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	SEE PART V	55,986.	WIRE			
<b>(2)</b>			SUB-SAHARAN AFRICA	SEE PART V	63,894.	WIRE			
<b>(3)</b>			SUB-SAHARAN AFRICA	SEE PART V	208,876.	WIRE			
<b>(4)</b>			SUB-SAHARAN AFRICA	SEE PART V	47,884.	WIRE			
<b>(5)</b>			SUB-SAHARAN AFRICA	SEE PART V	15,000.	WIRE			
<b>(6)</b>			SUB-SAHARAN AFRICA	SEE PART V	35,000.	WIRE			
<b>(7)</b>			SUB-SAHARAN AFRICA	SEE PART V	316,721.	WIRE			
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**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. . . . . **263.**

**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; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; do not file with Form 990)* . . . . .  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).

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SCH 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.

SCH 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.

SCH 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).

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SCH F, PART II, COLUMN H

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

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

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		182,300.	-182,000.
2 FOUNDING STRATEGIES INC	SPEC EVENT FUNDRAISING		X		10,000.	-10,000.
3 MIDA ASSOCIATES	SPEC EVENT FUNDRAISING		X		17,150.	-17,150.
4 BENTZ WHALEY FLESSNER, INC.	SPEC EVENT FUNDRAISING		X		20,000.	-20,000.
5						
6						
7						
8						
9						
10						
<b>Total</b>					229,450.	-229,150.

**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
		TIME FOR HEROES (event type)	KIDS FOR KIDS (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	535,050.	222,965.	280,735.	1,038,750.
	<b>2</b> Less: Contributions . . . . .	530,400.	222,715.	277,510.	1,030,625.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	4,650.	250.	3,225.	8,125.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	64,053.	252.	10,216.	74,521.
	<b>6</b> Rent/facility costs . . . . .	17,938.	54,344.	10,000.	82,282.
	<b>7</b> Food and beverages . . . . .	16,485.	12,083.	46,874.	75,442.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	141,862.	144,805.	101,018.	387,685.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				619,930.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-611,805.

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 provide any additional information (see instructions).

SCH G, PART I, LINE 2B - ADDRESS FOR BLUE STATE DIGITAL

406 7TH STREET, NW

WASHINGTON, DC 20004

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 provide any additional information (see instructions).

SCH G, PART I, LINE 2B - ADDRESS FOR FOUNDING STRATEGIES INC

818 CONNECTICUT AVE, NW

WASHINGTON, DC 20006

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 provide any additional information (see instructions).

SCH G, PART I, LINE 2B - ADDRESS FOR MIDA ASSOCIATES

1524 INDEPENDENCE AVE., SE

WASHINGTON, DC 20003

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 provide any additional information (see instructions).

SCH G, PART I, LINE 2B - ADDRESS FOR BENTZ WHALEY FLESSNER, INC.

7251 OHMS LANE

MINNEAPOLIS, MN 55439



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**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](http://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**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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) AFRICAN MEDICAL AND RESEARCH FOUNDATION 4 WEST 43RD STREET NEW YORK, NY 10036	13-1867411	501(C)(3)	19,539.				SEE PART IV
(2) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	20-2951275	501(C)(3)	569,652.				SEE PART IV
(3) DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27701	56-0532129	501(C)(3)	73,500.				SEE PART IV
(4) FOOD FOR THE HUNGRY ASSOCIATION KENYA 7739 E BROADWAY 353 TUCSON, AZ 85710	87-0317170	501(C)(3)	93,541.				SEE PART IV
(5) INTERNATIONAL RESCUE COMMITTEE (IRC) 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	158,645.				SEE PART IV
(6) J. F. KAPNEK CHARITABLE TRUST 936 DEWING AVENUE LAFAYETTE, CA 94549	23-7165692	501(C)(3)	264,473.				SEE PART IV
(7) PATH 2201 WESTLAKE AVENUE SEATTLE, WA 98121	91-1157127	501(C)(3)	72,218.				SEE PART IV
(8) PATHFINDER 9 GALEN STREET WATERTOWN, MA 02472	53-0235320	501(C)(3)	2,065,591.				SEE PART IV
(9) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO	85-6000642	501(C)(3)	19,689.				SEE PART IV
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2014)

**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.

SCH 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.

SCH 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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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), 501(c)(4), and 501(c)(29) 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
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in column (B) reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	LYONS II, CHARLES J. PRESIDENT AND CEO	(i)	396,736.	200,000.	24,032.	28,200.	7,426.	656,394.	200,000.
		(ii)	0	0	0	0	0	0	0
2	DEVINE-KARLIN, PATRICIA EVP, EXT AFFAIRS & BUS DEV	(i)	245,023.	0	17,749.	17,500.	7,960.	288,232.	0
		(ii)	0	0	0	0	0	0	0
3	GIPHART, ADRIAANTJE EVP, MED & SCIENTIFIC AFFAIRS	(i)	229,197.	0	17,860.	17,500.	9,758.	274,315.	0
		(ii)	0	0	0	0	0	0	0
4	HELLMANN, NICHOLAS S. EVP, MED & SCIENTIFIC AFFAIRS	(i)	157,381.	0	24,431.	12,629.	281.	194,722.	0
		(ii)	0	0	0	0	0	0	0
5	KILEY, BRADLEY J CHIEF OPERATING OFFICER	(i)	257,485.	0	29,062.	18,200.	6,823.	311,570.	0
		(ii)	0	0	0	0	0	0	0
6	O'BRIEN, PHILIP EVP, COMM, ADVOCACY, DEVELOP	(i)	141,677.	0	34,318.	10,700.	0	186,695.	0
		(ii)	0	0	0	0	0	0	0
7	BUONO, NICOLE COUNTRY DIRECTOR, MALAWI	(i)	97,945.	0	92,200.	7,836.	21,538.	219,519.	0
		(ii)	0	0	0	0	0	0	0
8	HORNER, DOUGLAS VP, AWDS, COMP & INT'L OPS	(i)	200,222.	0	15,824.	15,250.	9,720.	241,016.	0
		(ii)	0	0	0	0	0	0	0
9	LEE, STEPHEN VP, PROG IMP & CNTRY MGMT	(i)	211,724.	0	17,874.	13,670.	3,102.	246,370.	0
		(ii)	0	0	0	0	0	0	0
10	MAHDI, MOHAMMED COUNTRY DIRECTOR, SWAZILAND	(i)	104,343.	0	60,142.	7,903.	6,302.	178,690.	0
		(ii)	0	0	0	0	0	0	0
11	MAHOMVA, AGNES COUNTRY DIRECTOR, ZIMBABWE	(i)	180,888.	0	0	13,348.	0	194,236.	0
		(ii)	0	0	0	0	0	0	0
12	MATHIS, JILL VP, NEW BUSINESS DEVELOPMENT	(i)	159,661.	0	17,740.	11,220.	4,951.	193,572.	0
		(ii)	0	0	0	0	0	0	0
13	MORALES, FERNANDO COUNTRY DIRECTOR, MOZAMBIQUE	(i)	91,018.	0	76,316.	5,455.	3,618.	176,407.	0
		(ii)	0	0	0	0	0	0	0
14	SAVOSNICK, PETER SR DIR, CTRY MGMT & SUPPORT	(i)	149,647.	0	97,709.	10,348.	9,447.	267,151.	0
		(ii)	0	0	0	0	0	0	0
15	SIMONDS, ROBERT J VP, PROG INNOV & POLICY	(i)	200,687.	0	24,943.	15,380.	566.	241,576.	0
		(ii)	0	0	0	0	0	0	0
16	TIAM, APPOLINAIRE COUNTRY DIRECTOR, LESOTHO	(i)	93,894.	0	113,436.	7,354.	6,215.	220,899.	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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 VAN 'T PAD BOSCH, JEROEN COUNTRY DIRECTOR, TANZANIA	(i)	112,695.	0	114,680.	8,532.	6,405.	242,312.	0
	(ii)	0	0	0	0	0	0	0
2 WARD-DAHL, TAMARA L VP, ADMIN AND HUMAN RESOURCES	(i)	200,163.	0	23,552.	15,183.	9,720.	248,618.	0
	(ii)	0	0	0	0	0	0	0
3 BOON, ALEXANDRE TECHNICAL DIRECTOR, MOZAMBIQUE	(i)	140,795.	0	124,554.	0	6,022.	271,371.	0
	(ii)	0	0	0	0	0	0	0
4 HOVE, INNOCENT PROVINCIAL CLINICAL ADVISOR	(i)	80,444.	0	135,171.	0	12,697.	228,312.	0
	(ii)	0	0	0	0	0	0	0
5 MIKUSOVA, SILVIA SR TECH ADV, MOZAMBIQUE	(i)	98,039.	0	118,198.	6,132.	13,228.	235,597.	0
	(ii)	0	0	0	0	0	0	0
6 MOIR, ANDREW DIR, INT'L HR	(i)	73,642.	0	119,748.	5,069.	13,211.	211,670.	0
	(ii)	0	0	0	0	0	0	0
7 VAN DE VEN, ROLAND TECHNICAL DIRECTOR, TANZANIA	(i)	91,328.	0	128,312.	6,924.	6,147.	232,711.	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.

SCH 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.

SCH 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

**2014**

**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](http://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	5 .	20,943 .	COST
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 ▶ (ATCH 1) . . . . .		3 .	40,274 .	
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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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	
32a 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) (2014)

**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.	25,028.	COST
MEDICAL EQUIPMENT	X	2.	15,246.	COST
TOTALS		<u>3.</u>	<u>40,274.</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

**2014**

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

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.

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

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

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 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.

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

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

FORM 990, PART XI, LINE 9

CHANGE IN CONTRIBUTION RECEIVABLES

DUE TO CHANGE IN DONOR'S INTENTION

AND CIRCUMSTANCES -650,000

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF), WHICH OPERATES IN 14 COUNTRIES AND AT NEARLY 8,000 SITES AROUND THE WORLD, IS THE GLOBAL LEADER IN THE FIGHT TO END PEDIATRIC HIV AND AIDS AND HAS REACHED MORE THAN 20 MILLION WOMEN WITH SERVICES TO PREVENT TRANSMISSION OF HIV TO THEIR BABIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RESEARCH: OVER THE PAST 25 YEARS, EGPAF HAS BECOME WORLD-RENOWNED FOR ITS LEADERSHIP IN PEDIATRIC HIV AND AIDS RESEARCH. EGPAF IS BUILDING SCIENTIFIC EVIDENCE TO PREVENT, TREAT, AND CURE HIV IN CHILDREN AND FAMILIES. EGPAF SUPPORTS INNOVATIVE PROJECTS, COLLABORATES WITH THE BRIGHTEST SCIENTIFIC MINDS, AND BRIDGES GAPS WITHIN THE MEDICAL AND RESEARCH COMMUNITIES TO ENSURE THAT MOTHERS AND CHILDREN IN THE AREAS OF THE WORLD HARDEST HIT BY HIV AND AIDS HAVE ACCESS TO THE BEST MEDICAL TREATMENTS. EGPAF-SUPPORTED RESEARCH EFFORTS AROUND THE WORLD INCLUDE IDENTIFYING BETTER TECHNOLOGIES AND INTERVENTIONS THAT CAN BE REPLICATED IN RESOURCE-POOR SETTINGS AND PURSUING THE DEVELOPMENT OF A PEDIATRIC HIV VACCINE.

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number
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ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 4990, 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	378,780.
BLUE STATE DIGITAL 406 7TH STREET, NW WASHINGTON, DC 20004	PROF FUNDRAISER	189,306.
INSTITUTE FOR COLLABORATIVE DEVELOPMENT 1903 GOUGH STREET BALTIMORE, MD 21231	PROGRAM SRV SUPPORT	970,643.
BDO SEIDMAN 7101 WISCONSIN AVE, SUITE 800 BETHESDA, MD 20814	AUDIT AND ACCOUNTING	252,568.
JOANNA ROBINSON 1136 CLAYTON RD V8L 5V3 NORTH SAANICH BRITISH COLUMBIA CANADA	PROGRAM SUPPORT	125,497.