

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: C Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION D Employer identification number 95-4191698 E Telephone number (202) 296-9165 F Name and address of principal officer: CHARLES J LYONS II SAME AS C ABOVE G Gross receipts \$ 139,513,911 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.PEDAIDS.ORG K Form of organization: L Year of formation: 1988 M State of legal domicile: CA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Summary statistics 8-12 Revenue (Prior Year vs Current Year) 13-19 Expenses (Prior Year vs Current Year) 20-22 Net Assets or Fund Balances (Beginning of Current Year vs End of Year)

Part II Signature Block

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

Sign Here: Signature of officer KATIE QUEEN DOSSINGER, COO Date 11/12/2025

Paid Preparer Use Only: Print/Type preparer's name TODD TERESCO Preparer's signature Date 11/12/25 Check if self-employed PTIN P00247720 Firm's name BDO USA Firm's EIN 13-5381590 Firm's address 8401 GREENSBORO DR STE 800, MCLEAN, VA 22102-3599 Phone no. (703) 893-0600

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
(SEE ON SCHEDULE O)

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

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

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

**4a** (Code: ) (Expenses \$ 117,567,782 including grants of \$ 18,855,361 ) (Revenue \$ 0 )

EGPAF WORKS WITH PUBLIC AND PRIVATE PARTNERS TO SUPPORT THE PROVISION AND EXPANSION OF HIV PREVENTION, CARE, AND TREATMENT TO ALL CHILDREN, WOMEN, AND FAMILIES AFFECTED BY HIV IN ORDER TO ACHIEVE AND SUSTAIN AN AIDS-FREE GENERATION. STRENGTHENING HEALTH SYSTEMS, AND INTEGRATING HIV SERVICES WITH PRIMARY HEALTH CARE SERVICES, PARTICULARLY MATERNAL AND CHILD HEALTH SERVICES, IS CRITICAL TO ACHIEVING THIS GOAL.

**4b** (Code: ) (Expenses \$ 4,340,710 including grants of \$ 0 ) (Revenue \$ 0 )

EGPAF PLAYS A CRITICAL ROLE IN BOTH DEFINING THE PEDIATRIC AIDS RESEARCH AGENDA AND SUPPORTING AND CONDUCTING RESEARCH TO IMPROVE THE LIVES OF WOMEN, YOUTH, AND FAMILIES AFFECTED BY HIV. EGPAF LEADS STUDIES IN CLINICAL, LABORATORY, AND IMPLEMENTATIONS SCIENCE RESEARCH. ITS FOCUS IS OPTIMIZING HEALTH SERVICE DELIVERY; BUILDING AN EVIDENCE BASE FOR NEW AND INNOVATIVE INTERVENTIONS; AND EFFECTIVELY SCALING UP PROMISING HIV AND MATERNAL, NEWBORN, AND CHILD HEALTH INTERVENTIONS.

**4c** (Code: ) (Expenses \$ 1,572,306 including grants of \$ 0 ) (Revenue \$ 0 )

EGPAF'S PUBLIC POLICY AND ADVOCACY TEAM BUILDS ON ELIZABETH GLASER'S LEGACY OF FIGHTING FOR THE BEST POLICIES FOR WOMEN, YOUTH, AND FAMILIES LIVING WITH AND AFFECTED BY HIV. WITH STAFF ON THREE CONTINENTS, EGPAF IS WELL POSITIONED TO CHAMPION CHILDREN'S RIGHTS IN SEVERAL REALMS-INCLUDING THOSE OF NATIONAL GOVERNMENTS, AFRICAN REGIONAL BODIES, AND MULTILATERAL ORGANIZATIONS-TO PRODUCE VICTORIES FOR CHILDREN AND ADOLESCENTS.

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

**4e** Total program service expenses 123,480,798

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
<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> . . . . .		✓
<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> . . . . .	✓	
<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> . . . . .		✓
<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> . . . . .		✓
<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> . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<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> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<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> . . . . .		✓
<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> . . . . .		✓
<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> . . . . .		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<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> . . . . .		✓
<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> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	135		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country <u>CM, IV, KE, LT, MI, MZ, NI, TZ, UG, ZI, OC</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed [AK, AR, AZ, CA, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
[KATIE QUEEN DOSSINGER, 1350 I STREET NW, SUITE 400, WASHINGTON, DC 20005, \(202\) 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES J. LYONS II PRESIDENT & CEO	40.0	✓		✓				591,104	0	40,321
(2) PATRICIA DEVINE KARLIN EVP, EXTERNAL AFFAIRS & BUSINESS DEVELOPMENT	40.0			✓				344,497	0	47,445
(3) ADRIAANTJE GIPHART EVP, MEDICAL & SCIENTIFIC AFFAIRS	40.0			✓				335,929	0	49,459
(4) CRAIG MOLYNEAUX CHIEF OPERATING OFFICER	40.0			✓				318,352	0	39,864
(5) DOUGLAS HORNER VP, AWARDS, COMPLIANCE & OPERATIONAL EXCELLENCE	40.0				✓			281,544	0	47,276
(6) APPOLINAIRE TIAM VICE PRESIDENT, TECHNICAL STRATEGY & INNOVATION	40.0				✓			266,795	0	42,631
(7) ALLAN AHIMBISIBWE CHIEF OF PARTY, MALAWI	40.0					✓		273,000	0	28,447
(8) SHABBIR ISMAIL ARGAW SENIOR DIRECTOR, STRATEGIC INFORMATION	40.0					✓		241,625	0	42,157
(9) SHERIAN ABRAMAITYS-YI CHIEF HUMAN RESOURCES OFFICER	40.0				✓			255,176	0	20,469
(10) VEENA SAMPATHKUMAR COUNTRY DIRECTOR, MALAWI	40.0				✓			250,475	0	21,695
(11) CATHERINE CONNOR VP, PUBLIC POLICY & ADVOCACY	40.0				✓			229,585	0	24,418
(12) ROLAND VAN DE VEN TECHNICAL DIRECTOR, TANZANIA	40.0					✓		235,570	0	17,810
(13) PAULINE DEVINGER SR DIRECTOR, INTERNAL AUDIT & RISK MANAGEMENT	40.0				✓			209,820	0	39,874
(14) AIDA YEMANE--BERHAN SR DIRECTOR, DISEASE PREVENTION & MANAGEMENT	40.0					✓		217,298	0	29,759

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) YOLANDA BRIGNONI VP, EXTERNAL AFFAIRS	40.0				✓			228,429	0	16,893
(16) JILL MATHIS VP, NEW BUSINESS DEVELOPMENT	40.0				✓			213,186	0	24,993
(17) PAUL FISHER CHIEF DEVELOPMENT OFFICER	40.0				✓			212,061	0	9,284
(18) CASPIAN CHOURAYA COUNTRY DIRECTOR, SWAZILAND	40.0				✓			184,916	0	22,816
(19) MAHOUDO BONOU TECHNICAL DIRECTOR, MOZAMBIQUE	40.0					✓		192,445	0	6,862
(20) JACK LESLIE CHAIRMAN OF THE BOARD	0.5	✓		✓				0	0	0
(21) KATHLEEN CRAVERO-KRISTOFFERSSON CO-VICE CHAIR	0.5	✓		✓				0	0	0
(22) AMEENAH SALAAM BOARD MEMBER (AS OF 11/23)	0.5	✓						0	0	0
(23) BLESSING RUGARA BOARD MEMBER	0.5	✓						0	0	0
(24) CARLOS CARRAZANA BOARD MEMBER	0.5	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>								5,081,807	0	572,473
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								5,081,807	0	572,473

**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 73

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

**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
AMREF HEALTH AFRICA, ALL HASSAN MWINYI ROAD, PLOT 1019 UPANGA, DAR ES SALAAM, TZ	PROGRAM SERVICE SUPPORT	934,208
UNIT4 BUSINESS SOFTWARE, INC., 325 SENTRY PARKWAY EAST, SUITE 324, BLUE BELL, PA 19422	PROGRAM SERVICE SUPPORT	747,685
ENGENDERHEALTH, INC., 505 9TH STREET NW, WASHINGTON, DC 20004	PROGRAM SERVICE SUPPORT	472,481
MICROSOFT CORPORATION, P.O. BOX 842103, DALLAS, TX 75284	PROGRAM SERVICE SUPPORT	400,237
THE GEORGE WASHINGTON UNIVERSITY, 2121 I STREET NW, WASHINGTON, DC 20052	PROGRAM SERVICE SUPPORT	398,405
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	15	

**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>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	128,182,404			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,559,148			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		137,741,552			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . .		0	0	0	0
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		278,682	0	0	278,682
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>7a</b>	1,493,677			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	1,485,441			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	8,236	0		
	<b>d</b>	Net gain or (loss) . . . . .		8,236	0	0	8,236
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		138,028,470	0	0	286,918	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	235,936	235,936		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	18,619,425	18,619,425		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,369,308	3,704,842	471,369	193,097
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	58,203,373	49,352,047	6,279,082	2,572,244
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,061,456	3,150,094	910,004	1,358
<b>9</b> Other employee benefits . . . . .	7,168,399	6,961,478	(491,358)	698,279
<b>10</b> Payroll taxes . . . . .	2,468,970	1,372,693	1,089,564	6,713
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	266,857	153,724	112,889	244
<b>c</b> Accounting . . . . .	474,395	51,136	422,750	509
<b>d</b> Lobbying . . . . .	50,590		50,590	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	12,276,071	11,487,864	606,556	181,651
<b>12</b> Advertising and promotion . . . . .	42,485	40,360	66	2,059
<b>13</b> Office expenses . . . . .	3,079,626	2,686,079	353,703	39,844
<b>14</b> Information technology . . . . .	2,972,466	1,592,733	1,365,929	13,804
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,871,095	3,107,855	759,972	3,268
<b>17</b> Travel . . . . .	5,242,528	4,989,256	135,414	117,858
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	50,000	50,000	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	238,740	98,292	140,448	0
<b>23</b> Insurance . . . . .	811,322	543,293	267,158	871
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>OTHER PROGRAM SERVICES</u> . . . . .	9,273,141	9,227,710	34,614	10,817
<b>b</b> <u>REIMBURSABLE SUB-CONTRACTS</u> . . . . .	2,030,061	2,030,061	0	0
<b>c</b> <u>EQUIPMENT</u> . . . . .	1,461,453	1,461,158	244	51
<b>d</b> <u>REPAIRS AND MAINTENANCE</u> . . . . .	1,335,208	1,296,993	37,551	664
<b>e</b> All other expenses . . . . .	1,420,548	1,267,769	135,946	16,833
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	140,023,453	123,480,798	12,682,491	3,860,164
<b>26</b> <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) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,167,456	<b>1</b>	7,375,124
	<b>2</b> Savings and temporary cash investments . . . . .	132,715	<b>2</b>	202,524
	<b>3</b> Pledges and grants receivable, net . . . . .	472,314	<b>3</b>	505,547
	<b>4</b> Accounts receivable, net . . . . .	12,453,471	<b>4</b>	7,075,142
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,729,747	<b>9</b>	3,974,398
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	2,935,833		
	<b>b</b> Less: accumulated depreciation . . . . .	2,182,235		
	<b>11</b> Investments—publicly traded securities . . . . .	8,123,863	<b>10c</b>	753,598
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>11</b>	8,943,361
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,665,357	<b>14</b>	8,908,531
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	41,655,184	<b>15</b>	37,738,225	
<b>17</b> Accounts payable and accrued expenses . . . . .	14,688,969	<b>16</b>	10,209,167	
<b>18</b> Grants payable . . . . .	0	<b>17</b>	42,495	
<b>19</b> Deferred revenue . . . . .		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>21</b>	0	
<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>23</b>		
<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 . . . . .	17,532,871	<b>24</b>	18,876,533	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	32,221,840	<b>25</b>	29,128,195	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	8,621,928	<b>26</b>	17,532,871
	<b>28</b> Net assets with donor restrictions . . . . .	811,416	<b>27</b>	8,094,767
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>28</b>	515,263
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>30</b>	
	<b>32</b> Total net assets or fund balances . . . . .	9,433,344	<b>31</b>	8,610,030
<b>33</b> Total liabilities and net assets/fund balances . . . . .	41,655,184	<b>32</b>	37,738,225	

**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>	138,028,470
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	140,023,453
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,994,983)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	9,433,344
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	554,412
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	617,257
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	8,610,030

**Part XII Financial Statements and Reporting**

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

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

**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 (Check all that apply)						(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			
(25) DR. DEBORAH PERSAUD ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(26) JANICE BASHFORD ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(27) JOSEPHINE NABUKENYA ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(28) MARY KAREN WILLS ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(29) NATALIE BURSTON ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(30) SENATOR CHRISTOPHER DODD ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(31) SHANNON HADER ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(32) SUSIE ZEEGEN ----- BOARD MEMBER	0.5 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number <b>95-4191698</b>
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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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	165,025,432	187,361,873	172,083,620	162,075,860	137,741,552	824,288,337
<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 . . . . .	165,025,432	187,361,873	172,083,620	162,075,860	137,741,552	824,288,337
<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) . . . . .						17,891,948
<b>6 Public support.</b> Subtract line 5 from line 4						806,396,389

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	165,025,432	187,361,873	172,083,620	162,075,860	137,741,552	824,288,337
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	162,494	211,623	203,942	247,935	278,682	1,104,676
<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.) . . . . .	2,162	22,603	0	0	0	24,765
<b>11 Total support.</b> Add lines 7 through 10						825,417,778
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	97.70 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.88 %
<b>16a 33 1/3% support test—2024.</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—2023.</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—2024.</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—2023.</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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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 on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>		
<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>		
	<b>2</b>		

**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>		
	<b>1</b>		

**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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
<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>2</b>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
		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>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<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>If "Yes" or "No," provide details in Part VI.</i>		
	<b>3a</b>		
<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>		
	<b>3b</b>		

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

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

<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</b>	<b>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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>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 0.85 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</b>	<b>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 VI**

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	2,162	22,603	0	0	0	24,765
	Total	2,162	22,603	0	0	0	24,765

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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

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

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

Name of organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number <b>95-4191698</b>
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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	----- ----- -----	\$ 74,840,678	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 35,645,192	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 5,253,878	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 4,433,272	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,321,520	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION**

Employer identification number

**95-4191698**

**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 <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number <b>95-4191698</b>
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**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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number (EIN) <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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**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 EINs 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> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	50,590													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	50,590													
<b>d</b>	Other exempt purpose expenditures . . . . .	139,972,863													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	140,023,453													
<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;">THEN 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:	THEN 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:	THEN 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													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	42,802	50,189	11,124	50,590	154,705
<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	740	4,875	0		5,615

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

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and data points.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for questions about art and historical treasures.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	82,388	81,063	79,564	78,104	76,926
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	554	1,325	1,499	1,460	1,178
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	82,942	82,388	81,063	79,564	78,104

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

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 100.00 %
- c** Term endowment 0.00 %

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

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
<b>3a(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		281,104	281,104	0
<b>d</b> Equipment		1,122,158	1,122,158	0
<b>e</b> Other		1,532,571	778,973	753,598
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				753,598

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSET	7,019,710
(2) DUE FROM GOVERNMENT AGENCIES	1,888,821
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	8,908,531

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GOVERNMENT AGENCIES	10,784,867
(3) OPERATING LEASE PAYABLE	8,091,666
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	18,876,533

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



**Part XIII**

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	CHANGE IN BENEFICIAL INTEREST	6,349
	<b>TOTAL</b>	<b>6,349</b>

**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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FOUNDATION INTENDS TO USE EARNINGS FROM ITS ENDOWMENT FUNDS TO FURTHER DELIVER ITS PROGRAMMATIC SERVICES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>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.</p> <p>U.S. GAAP REQUIRES 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, 2024 AND 2023, 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 2021.</p>

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	12	2,093	PROGRAM SERVICES	(SEE STATEMENT)	98,185,492
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	6	PROGRAM SERVICES	(SEE STATEMENT)	1,920,080
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	(SEE STATEMENT)	20,920
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	(SEE STATEMENT)	9,700
(5) SUB-SAHARAN AFRICA	0	0	FUNDRAISING		82,140
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		18,063
(7) EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		3,355
(8) SOUTH AMERICA	0	0	FUNDRAISING		2,044
(9) SOUTH ASIA	0	0	FUNDRAISING		1,147
(10) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		18,619,425
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	13	2,099			118,862,366
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	13	2,099			118,862,366

**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 noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 115

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEEES 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 GRANTEEES' 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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL - PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE & 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. EAST ASIA AND THE PACIFIC - ACCRUAL - PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE & 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., ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE & 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., ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL - PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE & 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., ACCRUAL - , ACCRUAL

**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	3,939,705	WIRE			
(2)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	1,482,386	WIRE			
(3)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	1,094,876	WIRE			
(4)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	1,069,946	WIRE			
(5)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	1,028,110	WIRE			
(6)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	904,954	WIRE			
(7)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	842,860	WIRE			
(8)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	732,241	WIRE			
(9)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	676,169	WIRE			
(10)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	622,727	WIRE			
(11)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	421,868	WIRE			
(12)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	280,701	WIRE			
(13)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE	268,318	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.					
(14)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	255,922	WIRE			
(15)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	245,091	WIRE			
(16)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	216,684	WIRE			
(17)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	189,382	WIRE			
(18)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	162,409	WIRE			
(19)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	162,263	WIRE			
(20)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	145,387	WIRE			
(21)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	144,658	WIRE			
(22)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	112,912	WIRE			
(23)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	111,726	WIRE			
(24)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	111,482	WIRE			
(25)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	100,269	WIRE			
(26)		SUB-SAHARAN	TO FURTHER	93,950	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.					
(27)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	88,192	WIRE			
(28)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	79,188	WIRE			
(29)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	75,976	WIRE			
(30)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	72,819	WIRE			
(31)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	69,949	WIRE			
(32)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	66,013	WIRE			
(33)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	63,976	WIRE			
(34)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	62,643	WIRE			
(35)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	61,581	WIRE			
(36)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	59,306	WIRE			
(37)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	58,308	WIRE			
(38)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	57,223	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(39)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	56,331	WIRE			
(40)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	55,806	WIRE			
(41)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	53,708	WIRE			
(42)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	52,215	WIRE			
(43)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	51,424	WIRE			
(44)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	43,625	WIRE			
(45)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	43,481	WIRE			
(46)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	42,972	WIRE			
(47)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	41,265	WIRE			
(48)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	39,408	WIRE			
(49)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	37,373	WIRE			
(50)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	34,974	WIRE			
(51)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND	34,147	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			FAMILIES.					
(52)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	33,643	WIRE			
(53)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	32,010	WIRE			
(54)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	31,519	WIRE			
(55)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	30,307	WIRE			
(56)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	29,641	WIRE			
(57)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	29,384	WIRE			
(58)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	29,199	WIRE			
(59)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	26,971	WIRE			
(60)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	26,266	WIRE			
(61)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	25,714	WIRE			
(62)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	22,664	WIRE			
(63)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	22,529	WIRE			
(64)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO	22,335	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CHILDREN AND FAMILIES.					
(65)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	22,003	WIRE			
(66)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	21,823	WIRE			
(67)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	21,608	WIRE			
(68)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	21,471	WIRE			
(69)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	21,336	WIRE			
(70)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	21,093	WIRE			
(71)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	20,665	WIRE			
(72)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	19,817	WIRE			
(73)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	19,588	WIRE			
(74)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	18,155	WIRE			
(75)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	17,480	WIRE			
(76)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	17,396	WIRE			
(77)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT	17,336	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SERVICES TO CHILDREN AND FAMILIES.					
(78)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	17,264	WIRE			
(79)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,594	WIRE			
(80)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,593	WIRE			
(81)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,492	WIRE			
(82)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,397	WIRE			
(83)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,221	WIRE			
(84)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,220	WIRE			
(85)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,070	WIRE			
(86)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	16,019	WIRE			
(87)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	14,902	WIRE			
(88)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	14,677	WIRE			
(89)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	14,515	WIRE			
(90)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE	14,457	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.					
(91)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	13,916	WIRE			
(92)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	13,221	WIRE			
(93)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	13,048	WIRE			
(94)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	13,034	WIRE			
(95)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	12,955	WIRE			
(96)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	12,841	WIRE			
(97)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	12,583	WIRE			
(98)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	12,261	WIRE			
(99)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	11,717	WIRE			
(100)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	11,652	WIRE			
(101)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	11,645	WIRE			
(102)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	10,591	WIRE			
(103)		SUB-SAHARAN	TO FURTHER	10,508	WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.					
(104)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	10,442	WIRE			
(105)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	10,327	WIRE			
(106)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	10,190	WIRE			
(107)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	9,942	WIRE			
(108)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	9,787	WIRE			
(109)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	8,755	WIRE			
(110)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	8,576	WIRE			
(111)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	8,101	WIRE			
(112)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	7,684	WIRE			
(113)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	6,601	WIRE			
(114)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	5,468	WIRE			
(115)		SUB-SAHARAN AFRICA	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES.	5,003	WIRE			

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION, MCLEAN, VA 22102	46-4183160	501(C)(3)	235,936				(SEE STATEMENT)
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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



Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>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 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.</p>
<p>SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>NO MEANS NO WORLDWIDE:            PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE &amp; 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.</p>

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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 type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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 . . . . .</p>	✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	✓	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>		✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	✓	
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	CHARLES J. LYONS II PRESIDENT & CEO	(i)	507,439	50,000	33,665	20,300	20,021	631,425	0
		(ii)	0	0	0	0	0	0	0
2	PATRICIA DEVINE KARLIN EVP, EXTERNAL AFFAIRS & BUSINESS DEVELOPMENT	(i)	320,312	0	24,185	23,183	24,262	391,942	0
		(ii)	0	0	0	0	0	0	0
3	ADRIAANTJE GIPHART EVP, MEDICAL & SCIENTIFIC AFFAIRS	(i)	304,397	0	31,532	22,480	26,979	385,388	0
		(ii)	0	0	0	0	0	0	0
4	CRAIG MOLYNEAUX CHIEF OPERATING OFFICER	(i)	286,329	0	32,023	17,660	22,204	358,216	0
		(ii)	0	0	0	0	0	0	0
5	DOUGLAS HORNER VP, AWARDS, COMPLIANCE & OPERATIONAL EXCELLENCE	(i)	249,460	0	32,084	20,297	26,979	328,820	0
		(ii)	0	0	0	0	0	0	0
6	APPOLINAIRE TIAM VICE PRESIDENT, TECHNICAL STRATEGY & INNOVATION	(i)	239,980	0	26,815	18,369	24,262	309,426	0
		(ii)	0	0	0	0	0	0	0
7	ALLAN AHIMBISIBWE CHIEF OF PARTY, MALAWI	(i)	137,914	0	135,086	6,896	21,551	301,447	0
		(ii)	0	0	0	0	0	0	0
8	SHABBIR ISMAIL ARGAW SENIOR DIRECTOR, STRATEGIC INFORMATION	(i)	223,063	0	18,562	16,978	25,179	283,782	0
		(ii)	0	0	0	0	0	0	0
9	SHERIAN ABRAMAITYS-YI CHIEF HUMAN RESOURCES OFFICER	(i)	234,814	0	20,362	17,852	2,617	275,645	0
		(ii)	0	0	0	0	0	0	0
10	VEENA SAMPATHKUMAR COUNTRY DIRECTOR, MALAWI	(i)	208,001	0	42,474	14,560	7,135	272,170	0
		(ii)	0	0	0	0	0	0	0
11	CATHERINE CONNOR VP, PUBLIC POLICY & ADVOCACY	(i)	206,225	0	23,360	15,134	9,284	254,003	0
		(ii)	0	0	0	0	0	0	0
12	ROLAND VAN DE VEN TECHNICAL DIRECTOR, TANZANIA	(i)	152,873	0	82,697	10,701	7,109	253,380	0
		(ii)	0	0	0	0	0	0	0
13	PAULINE DEVINGER SR DIRECTOR, INTERNAL AUDIT & RISK MANAGEMENT	(i)	193,848	0	15,972	15,612	24,262	249,694	0
		(ii)	0	0	0	0	0	0	0
14	AIDA YEMANE--BERHAN SR DIRECTOR, DISEASE PREVENTION & MANAGEMENT	(i)	202,538	0	14,760	12,599	17,160	247,057	0
		(ii)	0	0	0	0	0	0	0
15	YOLANDA BRIGNONI VP, EXTERNAL AFFAIRS	(i)	209,299	0	19,130	14,941	1,952	245,322	0
		(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)							
		(ii)							

**Part II****Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) JILL MATHIS VP, NEW BUSINESS DEVELOPMENT	(i)	212,613	0	573	0	24,993	238,179	0
	(ii)	0	0	0	0	0	0	0
(17) PAUL FISHER CHIEF DEVELOPMENT OFFICER	(i)	189,685	0	22,376	0	9,284	221,345	0
	(ii)	0	0	0	0	0	0	0
(18) CASPIAN CHOURAYA COUNTRY DIRECTOR, SWAZILAND	(i)	144,167	0	40,749	10,092	12,724	207,732	0
	(ii)	0	0	0	0	0	0	0
(19) MAHOUDO BONOU TECHNICAL DIRECTOR, MOZAMBIQUE	(i)	116,032	0	76,413	0	6,862	199,307	0
	(ii)	0	0	0	0	0	0	0

**Part III**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE</p>	<p>THE FOUNDATION PAYS FOR THE HOUSING OF ALL OF ITS THIRD-COUNTRY NATIONALS LIVING AND WORKING IN SUB-SAHARAN AFRICA. THESE AMOUNTS ARE INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II ABOVE. THESE INDIVIDUALS ARE: ALLAN AHIMBISIBWE, VEENA SAMPATHKUMAR, AND ROLAND VAN DE VEN.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FOUNDATION OFFERS ALL VICE PRESIDENTS THE OPTION OF PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER SECTION 457(B) OF THE INTERNAL REVENUE CODE. THE TWO INDIVIDUALS LISTED IN PART II OF SCHEDULE J WHO PARTICIPATED IN THE PLAN ARE CHARLES LYONS &amp; ADRIAANTJE GIPHART. THE FOUNDATION DOES NOT CONTRIBUTE ANY AMOUNTS TO THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; ELIGIBLE PARTICIPANTS MUST FUND THE PLAN OUT OF THEIR OWN COMPENSATION.</p> <p>THE FOUNDATION CONTRIBUTES TO A 457F PLAN FOR ITS PRESIDENT AND CEO, CHARLES LYONS. THE FOUNDATION DID NOT MAKE ANY CONTRIBUTIONS DURING 2024.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF) IS A PROVEN LEADER IN THE FIGHT AGAINST PEDIATRIC HIV/AIDS AND HAS REACHED OVER 33 MILLION PREGNANT WOMEN WITH SERVICES TO PREVENT TRANSMISSION OF HIV TO THEIR BABIES. TO DATE, EGPAF HAS SUPPORTED OVER 15,000 SITES TO OFFER INTEGRATED HIV COUNSELING, PREVENTION, DIAGNOSIS, AND TREATMENT SERVICES ALONGSIDE HIGH-QUALITY FAMILY HEALTH CARE. CURRENTLY, EGPAF'S GLOBAL FOOTPRINT SPANS 19 COUNTRIES, 17 OF WHICH ARE IN SUB-SAHARAN AFRICA. EGPAF IS COMMITTED TO A COMPREHENSIVE RESPONSE TO THE GLOBAL FIGHT TO END HIV AND AIDS THROUGH RESEARCH, GLOBAL ADVOCACY, STRENGTHENING OF LOCAL HEALTH CARE SYSTEMS, AND GROWING THE CAPACITY OF GOVERNMENTS AND COMMUNITIES IN THE WORLD'S MOST AFFECTED REGIONS TO RESPOND TO URGENT NEEDS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	PRIOR TO THE ISSUANCE OF THE FORM 990, THE FORM WAS REVIEWED IN DETAIL BY THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND CHIEF HUMAN RESOURCES OFFICER. THE CEO, COO, AND CHRO ALSO MET WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS TO REVIEW AND APPROVE THE 990 PRIOR TO ITS ISSUANCE. FINALLY, A COPY WAS FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO ISSUANCE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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. NEW HIRES ARE MADE AWARE OF THE FOUNDATION'S POLICY DURING ORIENTATION AND ARE ASKED TO DISCLOSE THE EXISTENCE OF ANY CONFLICTS OF INTEREST AT THAT TIME. THE CURRENT POLICY, WHICH COVERS ALL FOUNDATION EMPLOYEES, REQUIRES THAT ALL PERSONNEL IMMEDIATELY NOTIFY THE VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION AS SOON AS POTENTIAL CONFLICTS ARISE. THE VP OF HUMAN RESOURCES AND ADMINISTRATION WILL THEN DETERMINE THE APPROPRIATE CHANNEL OF CONSIDERATION FOR THE CONFLICT AND RESPOND TO THE DISCLOSING PARTY BEFORE THE TRANSACTION IN QUESTION MAY BE CONSUMMATED. NONRESPONSES ARE REVISITED BY APPROPRIATE MEMBERS OF MANAGEMENT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 ENGAGED AN INDEPENDENT CONSULTANT TO LOOK AT SURVEY DATA OF OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SCOPE, SIZE, AND GROSS REVENUE. 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.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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 EMPLOYEE'S 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, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FOUNDATION MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AS WELL AS ITS IRS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Return Reference - Identifier	Explanation	
	(a) Description	(b) Amount
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FOREIGN CURRENCY TRANSLATION ADJUSTMENT	610,908
	CHANGE IN BENEFICIAL INTEREST	6,349
	<b>TOTAL</b>	<b>617,257</b>

# TAX RETURN FILING INSTRUCTIONS

CA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2024

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**Prepared For:**

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION  
1350 I ST NW, SUITE 400  
WASHINGTON, DC 20005

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**Prepared By:**

BDO USA  
8401 GREENSBORO DR STE 800  
MCLEAN, VA 22102-3599

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**Amount Due or Refund:**

A CHECK PAYABLE TO THE FRANCHISE TAX BOARD TREASURER IN THE AMOUNT OF \$ 0 SHOULD BE ATTACHED TO THE RETURN. BE SURE TO INCLUDE THE FEIN AND 2024 CA FORM 199 ON THE CHECK.

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**Make Check Payable To:**

FRANCHISE TAX BOARD TREASURER

---

**Mail Tax Return and Check (if applicable) To:**

NOT APPLICABLE

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**Signed e-file authorization form must be returned on or before:**

NOVEMBER 17, 2025

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**Special Instructions:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN THE SIGNATURE AUTHORIZATION FORM TO:

BBROOKS@BDO.COM

WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO STATE. DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE, RETURN THE SIGNATURE AUTHORIZATION FORM TO US BY NOVEMBER 17, 2025

California Exempt Organization Annual Information Return

2024

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION California corporation number 1558152

Additional information. See instructions. FEIN 95-4191698

Street address (suite or room) 1350 I ST NW, SUITE 400 PMB no.

City WASHINGTON State DC ZIP code 20005

Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109... N Is the organization under audit by the IRS... O Is federal Form 1023/1024 pending?

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Payments (11-16).

Sign Here Under penalties of perjury, I declare that I have examined this return... Signature of officer: COO, Title: COO, Date: [blank], Telephone: (202) 296-9165

Paid Preparer's Use Only Preparer's signature: [Signature], Date: 11/12/25, Check if self-employed: [ ], Firm's name: BDO USA, Firm's FEIN: 13-5381590, Telephone: (703) 893-0600

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1		00
	2	Interest . . . . .	●	2	278682	00
	3	Dividends . . . . .	●	3		00
	4	Gross rents . . . . .	●	4		00
	5	Gross royalties . . . . .	●	5		00
	6	Gross amount received from sale of assets (See instructions) . . . . .	●	6	1493677	00
	7	Other income. Attach schedule . . . . .	●	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	●	8	1772359	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9	18619425	00
	10	Disbursements to or for members . . . . .	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	●	11	4369308	00
	12	Other salaries and wages . . . . .	●	12	58203373	00
	13	Interest . . . . .	●	13		00
	14	Taxes . . . . .	●	14	2468970	00
	15	Rents . . . . .	●	15	3871095	00
	16	Depreciation and depletion (See instructions) . . . . .	●	16	238740	00
	17	Other expenses and disbursements. Attach schedule . . . . .	●	17	52252542	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	●	18	140023453	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash . . . . .		7167456	●	7375124
2	Net accounts receivable . . . . .		12453471	●	7075142
3	Net notes receivable . . . . .			●	
4	Inventories . . . . .			●	
5	Federal and state government obligations . . . . .			●	
6	Investments in other bonds . . . . .			●	
7	Investments in stock . . . . .		8123863	●	8943361
8	Mortgage loans . . . . .			●	
9	Other investments. Attach schedule . . . . .			●	
10	<b>a</b> Depreciable assets . . . . .	2853756		2935833	
	<b>b</b> Less accumulated depreciation . . . . .	1943495	910261	2182235	753598
11	Land . . . . .			●	
12	Other assets. Attach schedule . . . . .		13000133	●	13591000
13	<b>Total assets</b> . . . . .		41655184		37738225
<b>Liabilities and net worth</b>					
14	Accounts payable . . . . .		14688969	●	10209167
15	Contributions, gifts, or grants payable . . . . .			●	42495
16	Bonds and notes payable . . . . .			●	
17	Mortgages payable . . . . .			●	
18	Other liabilities. Attach schedule . . . . .		17532871		18876533
19	Capital stock or principal fund . . . . .		9433344	●	8610030
20	Paid-in or capital surplus. Attach reconciliation . . . . .			●	
21	Retained earnings or income fund . . . . .			●	
22	<b>Total liabilities and net worth</b> . . . . .		41655184		37738225

<b>Schedule M-1 Reconciliation of income per books with income per return</b>							
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.							
1	Net income per books . . . . .	●	-823314	7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●	1171669
2	Federal income tax . . . . .	●		8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●	
3	Excess of capital losses over capital gains . . . . .	●		9	<b>Total.</b> Add line 7 and line 8 . . . . .		1171669
4	Income not recorded on books this year. Attach schedule . . . . .	●		10	<b>Net income per return.</b> Subtract line 9 from line 6 . . . . .		-1994983
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●					
6	<b>Total.</b> Add line 1 through line 5 . . . . .		-823314				

2024

Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name, California corporation number, Street address (suite, room, or PMB no.), FEIN, City, State, ZIP code

Part I Political Activities

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

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? ... 1 [ ] Yes [ ] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? ... 2 [ ] Yes [ ] No

Part II Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? ... 3 [ ] Yes [ ] No

4a Has the organization, during the 2024 taxable year, filed a federal Form 5768? ... 4a [ ] Yes [ ] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? ... 4b [ ] Yes [ ] No

Furnish the following financial information for the taxable year:

Table with 3 columns: Question number, Description, Amount. Rows include Exempt Purpose Expenditures, Lobbying Expenditures, and Grass Roots Expenditures.

# Voucher at bottom of page

**Do not mail a paper copy of the corporate or exempt organization tax return with the payment voucher. If the amount of payment is zero, do not mail this voucher.**

**When to pay:**  
**Corporations** – File and Pay by the 15th day of the 4th month following the close of the taxable year.  
**S corporations** – File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
**Exempt organizations** – File and Pay by the 15th day of the 5th month following the close of the taxable year.  
 When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay for businesses.** Corporations or exempt organizations can make an immediate payment or schedule payment up to a year in advance.
- **Credit Card** (service fee)

Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.  
 Do not mail this voucher if you pay online.



**Where to pay:** Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the corporation number , FEIN, CA SOS file number and “2024 FTB 3586” on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:

**FRANCHISE TAX BOARD  
 PO BOX 942857  
 SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

\_\_\_ DETACH HERE \_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_\_\_ DETACH HERE \_\_\_

**CAUTION:** You may be required to pay electronically, see instructions.  
 TAXABLE YEAR

CALIFORNIA FORM

## **2024 Payment Voucher for Corporations and Exempt Organizations e-filed Returns 3586 (e-file)**

1558152 ELIZ 95-4191698 24 FORM 3  
 TYB 01-01-2024 TYE 12-31-2024  
 ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

1350 I ST NW SUITE 400  
 WASHINGTON DC 20005

(202) 296-9165

AMOUNT OF PAYMENT 0.

Corporation Depreciation and Amortization

2024

3885

Attach to Form 100 or Form 100W.

Table with Corporation name (ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION) and California corporation number (1558152).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for calculating the election to expense certain property under IRC Section 179.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation and election of additional first year depreciation deduction.

Part III Summary

Table for Part III Summary with rows 16-18 for total depreciation and adjustment.

Part IV Amortization

Table for Part IV Amortization with columns (a) through (g) for amortization and adjustment.

Description	Amount
PENSION PLAN CONTRIBUTIONS	4,061,456
LEGAL	266,857
ACCOUNTING	474,395
OTHER PROFESSIONAL FEES	12,276,071
ADVERTISING & PROMOTION	42,485
OFFICE EXPENSES	3,079,626
INFORMATION TECHNOLOGY	2,972,466
TRAVEL	5,242,528
PAYMENTS TO AFFILIATES	50,000
INSURANCE	811,322
OTHER PROGRAM SERVICES	9,509,077
REMBURSIBLE SUB-CONTRACTS	2,030,061
EQUIPMENT	1,461,453
REPAIRS AND MAINTENANCE	1,335,208
ALL OTHER EXPENSES	1,471,137
OTHER EMPLOYEE BENEFITS	7,168,400
TOTAL	52,252,542

Description	Amount
SAVINGS AND TEMPORARY CASH INVESTMENTS	132,715
NET PLEDGES AND GRANTS RECEIVABLE	472,314
LOANS AND OTHER RECEIVABLES FROM QUALIFIED PERSONS	0
LOANS AND OTHER RECEIVABLES FROM DISQUALIFIED PERSONS	0
PREPAID EXPENSES AND DEFERRED CHARGES	4,729,747
INTANGIBLE ASSETS	0
OPERATING LEASE	7,388,504
DUE FROM GOVERNMENT AGENCIES	276,853
TOTAL	13,000,133

Description	Amount
SAVINGS AND TEMPORARY CASH INVESTMENTS	202,524
NET PLEDGES AND GRANTS RECEIVABLE	505,547
LOANS AND OTHER RECEIVABLES FROM QUALIFIED PERSONS	0
LOANS AND OTHER RECEIVABLES FROM DISQUALIFIED PERSONS	0
PREPAID EXPENSES AND DEFERRED CHARGES	3,974,398
INTANGIBLE ASSETS	0
OPERATING LEASE	7,019,710
DUE FROM GOVERNMENT AGENCIES	1,888,821
TOTAL	13,591,000

Description	Amount
DEFERRED REVENUE	0
ESCROW OR CUSTODIAL ACCOUNT	0
DUE TO GOVT AGENCIES	9,190,353
OPERATING LEASE PAYABLE	8,342,518
TOTAL	17,532,871

Description	Amount
DEFERRED REVENUE	0
ESCROW OR CUSTODIAL ACCOUNT	0
DUE TO GOVERNMENT AGENCIES	10,784,867
OPERATING LEASE PAYABLE	8,091,666
TOTAL	18,876,533

Description	Amount
FOREIGN CURRENCY TRANSLATION ADJUSTMENT	610,908
UNREALIZED GAIN	554,412
CHANGE IN BENEFICIAL INTEREST	6,349
TOTAL	1,171,669

FORM 199, PART II, LINE 3  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNT RECEIVED

=====

<u>CONTRIBUTORS NAME</u>	<u>AMOUNT</u>
US DEPARTMENT OF HEALTH AND HUMAN SERVICES	74,840,678
US AGENCY FOR INTERNATIONAL DEVELOPMENT	35,645,192
UNIVERSITY RESEARCH CO., LLC	5,253,878
US DEPARTMENT OF DEFENSE	4,433,272
LVCT	3,321,520
ALL OTHER CONTRIBUTIONS BELOW \$5,000	16,019,371
TOTAL CONTRIBUTIONS, GIFTS, GRANTS, & SIMILAR AMOUNT RECEIVED	<u>139,513,911</u>

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
CHARLES J. LYONS II	PRESIDENT & CEO	631,425
PATRICIA DEVINE KARLIN	EVP, EXT AFFAIRS & BUS DVLPT	391,942
ADRIAANTJE GIPHART	EVP, MEDICAL & SCIENTIFIC AFFAIRS	385,388
CRAIG MOLYNEAUX	CHIEF OPERATING OFFICER	358,216
DOUGLAS HORNER	VP, AWARDS, COMPLIANCE & OPERATIONAL EXCELLENCE	328,820
APPOLINAIRE TIAM	VICE PRESIDENT, TECHNICAL STRATEGY & INNOVATION	309,426
SHERIAN ABRAMAITYS-YI	CHIEF HUMAN RESOURCES OFFICER	275,645
VEENA SAMPATHKUMAR	COUNTRY DIRECTOR, MALAWI	272,170
CATHERINE CONNOR	VP, PUBLIC POLICY & ADVOCACY	254,003
PAULINE DEVINGER	SR DIRECTOR, INTERNAL AUDIT & RISK MANAGEMENT	249,694
YOLANDA BRIGNONI	VP, EXTERNAL AFFAIRS	245,322
JILL MATHIS	VP, NEW BUSINESS DEVELOPMENT	238,179
PAUL FISHER	CHIEF DEVELOPMENT OFFICER	221,345
CASPIAN CHOURAYA	COUNTRY DIRECTOR, SWAZILAND	207,732
JACK LESLIE	CHAIRMAN OF THE BOARD	NONE
KATHLEEN CRAVERO KRISTOFFERSSON	CO-VICE CHAIR	NONE
AMEENAH SALAAM	BOARD MEMBER	NONE
BLESSING RUGARA	BOARD MEMBER	NONE
CARLOS CARRAZANA	BOARD MEMBER	NONE
DR. DEBORAH PERSAUD	BOARD MEMBER	NONE
JANICE BASHFORD	BOARD MEMBER	NONE
JOSEPHINE NABUKENYA	BOARD MEMBER	NONE
MARY KAREN WILLS	BOARD MEMBER	NONE
NATALIE BURSTON	BOARD MEMBER	NONE
SENATOR CHRISTOPHER DODD	BOARD MEMBER	NONE
SHANNON HADER	BOARD MEMBER	NONE
SUSIE ZEEGEN	BOARD MEMBER	NONE
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>4,369,307</u>

FORM 199, PART II, LINE 9

CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNT PAID

<u>RECIPIENT NAME AND ADDRESS</u>	<u>REGION</u>	<u>AMOUNT</u>
MALAWI AIDS COUNSELLING AND RESOURCE ORGANIZATION	SUB-SAHARAN AFRICA	3,939,705
LESOTHO NETWORK OF PEOPLE LIVING WITH HIV/AIDS	SUB-SAHARAN AFRICA	1,482,386
NATIONAL EMERGENCY RESPONSE COUNCIL	SUB-SAHARAN AFRICA	1,094,876
LUKE INTERNATIONAL (LIN)	SUB-SAHARAN AFRICA	1,069,946
ASSOCIATION JEUNESSE ET ENFANCE DE CÔTE D'IVOIRE (A J E C I)	SUB-SAHARAN AFRICA	1,028,110
ONG FEMME EGALE VIE	SUB-SAHARAN AFRICA	904,954
MEDECINS HUMANISTES	SUB-SAHARAN AFRICA	842,860
ALLIANCE FOR SUSTAINABLE DEVELOPMENT FOUNDATION	SUB-SAHARAN AFRICA	732,241
ONG ACONDA-VS COTE D'IVOIRE	SUB-SAHARAN AFRICA	676,169
MOTHERS2MOTHERS	SUB-SAHARAN AFRICA	622,727
BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION	SUB-SAHARAN AFRICA	421,868
SENTEBALE	SUB-SAHARAN AFRICA	280,701
RIGHT TO CARE	SUB-SAHARAN AFRICA	268,318
FONDATION ARIEL GLASER POUR LA LUTTE CONTRE LE SIDA PEDIATRIC	SUB-SAHARAN AFRICA	255,922
LESOTHO PLANNED PARENTHOOD ASSOCIATION	SUB-SAHARAN AFRICA	245,091
BAYEWA (SECONDE CHANCE)	SUB-SAHARAN AFRICA	216,684
LESOTHO NETWORK OF AIDS SERVICES ORGANIZATIONS	SUB-SAHARAN AFRICA	189,382
FEMMES SANS LIMITE POUR SERVIR (FESALIS)	SUB-SAHARAN AFRICA	162,409
ONG LA MANNE DU JOUR CÔTE D'IVOIRE (ONG-MDJCI)	SUB-SAHARAN AFRICA	162,263
INSTITUTO NACIONAL DE SAUDE	SUB-SAHARAN AFRICA	145,387
KIBONG'OTO INFECTIOUS DISEASES HOSPITAL (KIDH)	SUB-SAHARAN AFRICA	144,658
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE CHIBUTO	SUB-SAHARAN AFRICA	112,912
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE CHOKWE	SUB-SAHARAN AFRICA	111,726
CHAL ALPEC	SUB-SAHARAN AFRICA	111,482
AHIKOU	SUB-SAHARAN AFRICA	100,269
RUBAN ROUGE CÔTE D'IVOIRE	SUB-SAHARAN AFRICA	93,950
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE LIMPOPO	SUB-SAHARAN AFRICA	88,192
CHAL BBB	SUB-SAHARAN AFRICA	79,188
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE CHONGOENE	SUB-SAHARAN AFRICA	75,976
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MANJACAZE	SUB-SAHARAN AFRICA	72,819
EVANGELICAL LUTHERAN CHURCH TANZANIA	SUB-SAHARAN AFRICA	69,949
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE XAI-XAI	SUB-SAHARAN AFRICA	66,013
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MASSINGA	SUB-SAHARAN AFRICA	63,976
BANTWANA INITIATIVE FOR AIDS ORPHANS AND VULNERABLE CHILDREN	SUB-SAHARAN AFRICA	62,643
EGLISE DU NAZAREEN	SUB-SAHARAN AFRICA	61,581
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MAXIXE	SUB-SAHARAN AFRICA	59,306
ASSOCIATION DE SOUTIEN A L'AUTOPROMOTION SANITAIRE URBAINE (ASAPSU)	SUB-SAHARAN AFRICA	58,308
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE INHAMBANE	SUB-SAHARAN AFRICA	57,223
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE GUIJÁ	SUB-SAHARAN AFRICA	56,331
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE VILANCULOS	SUB-SAHARAN AFRICA	55,806
ONG ESPACE CONFIANCE	SUB-SAHARAN AFRICA	53,708
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE ZAVALA	SUB-SAHARAN AFRICA	52,215
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE BILENE	SUB-SAHARAN AFRICA	51,424
ONG COTE D'IVOIRE PROSPERITE (CIP)	SUB-SAHARAN AFRICA	43,625
PRESIDENT'S OFFICE REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT	SUB-SAHARAN AFRICA	43,481
CENTRO DE SAÚDE DA MACIA	SUB-SAHARAN AFRICA	42,972
CENTRO DE SAÚDE DA CIDADE DE XAI-XAI	SUB-SAHARAN AFRICA	41,265
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE GOVURO	SUB-SAHARAN AFRICA	39,408
ASSOCIACAO LIWONINGO	SUB-SAHARAN AFRICA	37,373
APAPURG LIRANDZU	SUB-SAHARAN AFRICA	34,974
SERVIÇOS DISTRICTAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MORRUMBENE	SUB-SAHARAN AFRICA	34,147
KARATU DISTRICT COUNCIL	SUB-SAHARAN AFRICA	33,643
KULIMA-ONG	SUB-SAHARAN AFRICA	32,010

MERU DISTRICT COUNCIL	SUB-SAHARAN AFRICA	31,519
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE JANGAMO	SUB-SAHARAN AFRICA	30,307
ARUSHA CITY COUNCIL	SUB-SAHARAN AFRICA	29,641
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE INHASSORO	SUB-SAHARAN AFRICA	29,384
ARUSHA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	29,199
MOSHI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	26,971
BAHI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	26,266
CHAMWINO DISTRICT COUNCIL	SUB-SAHARAN AFRICA	25,714
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MABOTE	SUB-SAHARAN AFRICA	22,664
SELIAN LUTHERAN HOSPITAL	SUB-SAHARAN AFRICA	22,529
DODOMA CITY COUNCIL	SUB-SAHARAN AFRICA	22,335
HAI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	22,003
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE INHARRIME	SUB-SAHARAN AFRICA	21,823
SAME DISTRICT COUNCIL	SUB-SAHARAN AFRICA	21,608
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MABALANE	SUB-SAHARAN AFRICA	21,471
MPWAPWA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	21,336
MOSHI MUNICIPAL COUNCIL	SUB-SAHARAN AFRICA	21,093
MONDULI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	20,665
SINGIDA REGIONAL SECRETARIAT	SUB-SAHARAN AFRICA	19,817
KONGWA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	19,588
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE PANDA	SUB-SAHARAN AFRICA	18,155
KILIMANJARO REGIONAL OFFICE	SUB-SAHARAN AFRICA	17,480
KONDOA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	17,396
DODOMA REGIONAL OFFICE	SUB-SAHARAN AFRICA	17,336
ROMBO DISTRICT COUNCIL	SUB-SAHARAN AFRICA	17,264
MWANGA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	16,594
IRAMBA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	16,593
BABATI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	16,492
SIMANJIRO DISTRICT COUNCIL	SUB-SAHARAN AFRICA	16,397
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE HOMOINE	SUB-SAHARAN AFRICA	16,221
CHEMBA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	16,220
KITETO DISTRICT COUNCIL	SUB-SAHARAN AFRICA	16,070
REDE CRISTA CONTRA HIV E SIDA	SUB-SAHARAN AFRICA	16,019
SIHA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	14,902
ITIGI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	14,677
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE FUNHALOURO	SUB-SAHARAN AFRICA	14,515
ACCAO SOCIAL ANGLICANA	SUB-SAHARAN AFRICA	14,457
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MAPAI	SUB-SAHARAN AFRICA	13,916
SINGIDA MUNICIPAL COUNCIL	SUB-SAHARAN AFRICA	13,221
HANANG DISTRICT COUNCIL	SUB-SAHARAN AFRICA	13,048
KILIMANJARO CHRISTIAN MEDICAL CENTRE (KCMC)	SUB-SAHARAN AFRICA	13,034
KONDOA TOWN COUNCIL	SUB-SAHARAN AFRICA	12,955
MANYARA REGIONAL OFFICE	SUB-SAHARAN AFRICA	12,841
IKUNGI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	12,583
LONGIDO DISTRICT COUNCIL	SUB-SAHARAN AFRICA	12,261
HOSPITAL DE CARMELO	SUB-SAHARAN AFRICA	11,717
CENTRO DE SAÚDE DE CHALUCUANE	SUB-SAHARAN AFRICA	11,652
MBULU DISTRICT COUNCIL	SUB-SAHARAN AFRICA	11,645
MAWENZI REGIONAL REFERRAL HOSPITAL	SUB-SAHARAN AFRICA	10,591
NGORONGORO DISTRICT COUNCIL	SUB-SAHARAN AFRICA	10,508
MOUNT MERU REGIONAL REFERRAL HOSPITAL	SUB-SAHARAN AFRICA	10,442
SERVIÇOS DISTRIAIS DE SAÚDE MULHER E ACÇÃO SOCIAL DE MASSINGIR	SUB-SAHARAN AFRICA	10,327
DODOMA REFERRAL REGIONAL HOSPITAL - DRRH	SUB-SAHARAN AFRICA	10,190
SINGIDA REGIONAL REFERRAL HOSPITAL	SUB-SAHARAN AFRICA	9,942
SINGIDA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	9,787
ST. ELIZABETH HOSPITAL OF ARUSHA (SEHA)	SUB-SAHARAN AFRICA	8,755
BABATI TOWN COUNCIL	SUB-SAHARAN AFRICA	8,576
MKALAMA DISTRICT COUNCIL	SUB-SAHARAN AFRICA	8,101

MANYONI DISTRICT COUNCIL	SUB-SAHARAN AFRICA	7,684
MANYARA REGIONAL REFERRAL HOSPITAL	SUB-SAHARAN AFRICA	6,601
HOSPITAL PROVINCIAL DE XAI-XAI	SUB-SAHARAN AFRICA	5,468
ARUSHA REGIONAL OFFICE	SUB-SAHARAN AFRICA	5,003
ALL OTHER VARIOUS GRANTS	SUB-SAHARAN AFRICA	711,304
TOTAL CONTRIBUTIONS, GIFTS, GRANT & SIMILAR AMOUNT PAID		<u>18,619,425</u>