DLN: 93493225009295

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www.IRS.gov/form990}$

OMB No 1545-0047

Open to Public Inspection

A Fo	or the 2	2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014					
	eck if ap	pplicable C Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION		•	•	tification number	
_		% DANIEL WARCO		95-41	91698		
	me char						
l Ini Fir	tıal retur	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telepho	ne numb	er	
_	urn/tern	1140 CONNECTICUT AVENW		(202)	296-91	165	
_	nended r plication	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 pending		G Gross re	eceipts \$	127,174,460	
		F Name and address of principal officer CHARLES J LYONS II	H(a) Is thi subor	s a group dinates?	return 1	for ┌Yes ✔ No	
		1140 CONNECTICUT AVE STE 200 WASHINGTON,DC 20036					
		WYSHINGTON, SC 20030	H(b) Are a		nates	Γ Y es Γ No	
I Ta	ıx-exem	pt status			a lıst (see instructions)	
J W	ebsite	::► WWW PEDAIDS ORG	H(c) Grou	p exempti	on num	nber ►	
K For	m of ora	Janization	L Year of for	mation 19	88 M 9	State of legal domicile CA	
	rt I	Summary			1.1.		
		Briefly describe the organization's mission or most significant activities FO PREVENT PEDIATRIC HIV INFECTION AND TO ERADICATE PEDIATRIC	AIDS THRO	UGH RE	SEARC	H, ADVOCACY,	
01	<u>#</u>	AND PREVENTION AND TREATMENT PROGRAMS					
<u>နိ</u>	-						
Ē	_						
Governance	2	Check this box দ if the organization discontinued its operations or disposed of	more than 2	5% of its	net ass	sets	
Activities &		Number of voting members of the governing body (Part VI, line 1a)			3	14	
₽		Number of independent voting members of the governing body (Part VI, line 1b)			4	1	
	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	168	
ď	6 ⊺	Total number of volunteers (estimate if necessary)		•	6		
	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	(
	b N	Net unrelated business taxable income from Form 990-T, line 34		•	7b		
				r Year		Current Year	
a)	8	Contributions and grants (Part VIII, line 1h)	1	19,915,8		126,578,039	
Revenue	9	Program service revenue (Part VIII, line 2g)			0	C	
ž	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,664				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-830,6	37	-596,749	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	19,164,8	359	126,056,619	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		23,226,2	266	22,728,885	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	C	
\$?	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		49,792,4	122	54,841,442	
ž	16a	Professional fundraising fees (Part IX, column (A), line 11e)		479,6	90	231,725	
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶3,651,412					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,934,0	28	48,385,724	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1	21,432,4		126,187,776	
	19	Revenue less expenses Subtract line 18 from line 12		-2,267,5		-131,157	
Met Assets or Fund Balances			Beginning Y	of Currei ear	nt	End of Year	
2 de 1	20	Total assets (Part X, line 16)		22,514,5	577	22,549,204	
뛼	21	Total liabilities (Part X, line 26)		15,042,6		15,825,181	
훘	22	Net assets or fund balances. Subtract line 21 from line 20		7 471 8		6 724 023	

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer

BRADLEY J KILEY CHIEF OPERATING OFFICER

Type or print name and title

Paid **Preparer Use Only** Print/Type preparer's name Mike Sorrells

Preparer's signature Mike Sorrells

Firm's name FDO USA LLP

Firm's address ► 7101 WISCONSIN AVE SUITE 800

BETHESDA, MD 208144827

May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions.

	(= '/				· ugc =
Par		tatement of Program heck if Schedule O contains			III	
1	Briefly d	escribe the organization's n	nission			
SITE	SAROUN		OBAL LEADER IN T	HE FIGHT TO END PE	RATES IN 14 COUNTRIES A DIATRIC HIV AND AIDS AN IV TO THEIR BABIES	
2		organization undertake any s Form 990 or 990-EZ? .	significant program s	ervices during the year	which were not listed on	
	If "Yes,"	describe these new service	s on Schedule O			
3		organization cease conducti		int changes in how it co	nducts, any program	
	If"Yes,"	describe these changes on	Schedule O			
4	expense		1(c)(4) organization	ns are required to report	ree largest program services, the amount of grants and all	
	(Code) (Expenses	\$ 107,617,871	ıncludıng grants of \$	22,655,385) (Revenue \$)
	EFFECTI		, CHILDREN, AND FAMILI	ES THAT WILL ACHIEVE AND	IES (13 IN SUB-SAHARAN AFRICAN, SUSTAIN AN AIDS-FREE GENERATIC ISMISSION OF HIV GLOBALLY	
4b	(Code) (Expenses	\$ 1,745,923	including grants of \$	73,500) (Revenue \$)
	SCIENTIF BRIGHTE AREAS OF WORLD I	IC EVIDENCE TO PREVENT, TREAT ST SCIENTIFIC MINDS, AND BRIDG THE WORLD HARDEST HIT BY HIN	F, AND CURE HIV IN CHI GES GAPS WITHIN THE M FAND AIDS HAVE ACCES CHNOLOGIES AND INTER	LDREN AND FAMILIES EGPAF EDICAL AND RESEARCH COM S TO THE BEST MEDICAL TRE	ERSHIP IN PEDIATRIC HIV AND AIDS SUPPORTS INNOVATIVE PROJECTS IMUNITIES TO ENSURE THAT MOTH EATMENTS EGPAF-SUPPORTED RES LICATED IN RESOURCE-POOR SETT	, COLLABORATES WITH THE ERS AND CHILDREN IN THE EARCH EFFORTS AROUND THE
4 c	(Code) (Expenses) (Revenue \$)
	THE FOU THE UNIT SCIENTIF	NDATION REMAINS TRUE TO ELIZATED STATES AND AROUND THE WO	ABETH GLASER'S SPIRIT I DRLD, ARE AT THE TOP O SINESS LEADERS, THE FO	BY WORKING TO ENSURE TH OF THE POLITICAL AGENDA B' OUNDATION HAS EXPANDED F	OCACY HAS PRODUCED REAL VICTO AT THE NEEDS OF FAMILIES AFFECT Y WORKING WITH U S AND INTERI UNDING FOR PEDIATRIC RESEARCH PROGRAMMING	ED BY HIV AND AIDS, BOTH IN NATIONAL POLICYMAKERS, THE
4d		rogram services (Describe	•			
	(Expens	ses \$ 1,837,004	1 including grants	of \$) (Revenue \$)
4e	Total p	rogram service expenses ►	112,120,94	9		

Part IV	Checklist of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

			Yes	.∫⊽ No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 50			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7-	\	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
_			l	l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ĺм

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

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_				
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
		15a 15b	Yes Yes	
	The organization's CEO, Executive Director, or top management official	\vdash		
b 16a	The organization's CEO, Executive Director, or top management official	\vdash		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
- - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DANIEL WARCO

1140 CONNECTICUT AVE NW SUITE 200

WASHINGTON, DC 20036 (202) 448-8462

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	one both	box, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
С	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	١	5,342,485	0	419,470
	<u> </u>				•

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶66

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE GEORGE WASHINGTON UNIVERSITY,	PROGRAM SRV SUPPORT	378,780
2300 EYE STREET NW		·
WASHINGTON, DC 20037		
BLUE STATE DIGITAL,	PROF FUNDRAISER	189,306
406 7TH STREET NW		
WASHINGTON, DC 20004		
INSTITUTE FOR COLLABORATIVE DEVELOP,	PROGRAM SRV SUPPORT	970,643
1903 GOUGH STREET		
BALTIMORE, MD 21231		
BDO SEIDMAN,	AUDIT AND ACCOUNTING	252,568
7101 WISCONSIN AVE SUITE 800		
BETHESDA, MD 20814		
JOANNA ROBINSON,	PROGRAM SUPPORT	125,497
1136 CLAYTON RD		
NORTH SAANICH, BRITISH COLUMBIA V8L 5V3		
CA		
2 Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization ▶12		

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		CHECK II SCHEU	uie O Contains a respoi	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
w 20	1a	Federated cam	paigns 1a										
anta	ь	Membership du	ıes 1b										
υ <u>υ</u>	С	Fundraising ev	ents 1c	1,030,625									
iffs, ar A	d	Related organiz	zations 1d										
Program Service Revenue and Other Similar Amounts	e	Government grant	s (contributions) 1e	105,602,417									
	f	All other contribution	ons, gifts, grants, and 1f	19,944,997									
auti her		sımılar amounts no	ot included above										
重型	g	Noncash contributi 1a-1f \$	ons included in lines	61,217									
ar Co	h	Total. Add lines	s 1a-1f	· · · •	126,578,039								
<u> </u>				Business Code									
ж	2a												
æ	Ь												
MCe	С												
Š	d												
Ē	e f	ΔII other progra	am service revenue										
ي م	•												
	g 3		s 2a-2f		0								
		and other simil		▶ [74,437			74,437					
	4		stment of tax-exempt bond	proceeds 🕨	0			17.22					
	5	Royalties .	(ı) Real	(u) Darganal	17,330			17,330					
	6a	Gross rents	(I) Real	(II) Personal									
	ь	Less rental expenses											
	С	Rental income	0	0									
	d	or (loss) Net rental inco	me or (loss)		0								
			(ı) Securities	(II) Other									
	7a	Gross amount from sales of assets other than inventory	472,382	24,147									
	ь	Less cost or other basis and	481,469	14,168									
	c	sales expenses Gaın or (loss)	-9,087	9,979									
	d		ss)	·	892			892					
e n	8a	Gross income f	rom fundraising luding										
Reven		т	s reported on line 1c)	2.05									
Other Revenue	ь	Less direct ex	penses b	8,125 622,204									
	С		(loss) from fundraising		-614,079			-614,079					
	9a		rom gaming activities ne 19 a										
	ь	Less direct ex	penses b										
			(loss) from gamıng actı	vities	0								
	10a	Gross sales of returns and allo											
	ь	Less cost of g	oods sold b										
	С		(loss) from sales of inv		0								
	11-	Miscellaneou	s Revenue	Business Code									
	11a b		_										
	°												
	d	All other reven	ue										
	e	Total. Add lines		🕨									
	12	Total revenue.	See Instructions .		125.055.510								
				۳	126,056,619			-521,420					

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must com-	nplete column (A)
Chack if Schadula O contains a response or note to any line in this Part IV	

Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,336,849	3,336,849						
2	Grants and other assistance to domestic individuals See Part IV, line 22	0							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	19,392,036	19,392,036						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	5,561,956	3,736,413	1,458,619	366,924				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			<u> </u>				
7	Other salaries and wages	41,320,758	35,579,500	4,102,238	1,639,020				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,303,988	1,986,381	233,839	83,768				
9	Other employee benefits	3,955,957	3,316,105	467,542	172,310				
10	Payroll taxes	1,698,783	1,199,284	353,862	145,637				
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	147,478	136,838	10,379	261				
C	Accounting	195,382	19,482	175,900					
d	Lobbying	0							
e	Professional fundraising services See Part IV, line 17	231,725			231,725				
f	Investment management fees	0							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,724,135	3,924,028	563,770	236,337				
12	Advertising and promotion	48,311	44,612	1,700	1,999				
13	Office expenses	7,040,914	5,631,999	1,169,639	239,276				
14	Information technology	1,410,595	1,127,549	281,874	1,172				
15	Royalties	0							
16	Occupancy	3,620,829	2,875,628	591,712	153,489				
17	Travel	7,681,141	6,874,474	586,654	220,013				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	9,234,203	9,167,582	56,055	10,566				
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	95,396	65,107	30,289	0				
23	Insurance	616,719	463,252	125,272	28,195				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	OTHER PROGRAM SERVICES	7,916,056	7,915,989		67				
Ь	EQUIPMENT	1,117,157	1,116,814	230	113				
c	REPAIRS AND MAINTENANCE	1,338,500	1,212,725	123,924	1,851				
d	REIMBURSIBLE SUB-CONTRACTS	1,083,384	1,083,384						
e	All other expenses	2,115,524	1,914,918	81,917	118,689				
25	Total functional expenses. Add lines 1 through 24e	126,187,776	112,120,949	10,415,415	3,651,412				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)								
				For	rm 990 (2014)				

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	8,484,115	1	9,283,232
	2	Savings and temporary cash investments	1,016,056	2	1,018,425
	3	Pledges and grants receivable, net	5,243,341	3	3,944,855
	4	Accounts receivable, net	2,371,684	4	2,183,153
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
			0	5	0
×	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Sel			0	<u> </u>	0
Assets	7	Notes and loans receivable, net	0	7	0
_	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,994,732	9	3,514,081
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,611,911			
	b	Less accumulated depreciation	191,499	10c	310,256
	11	Investments—publicly traded securities	2,213,150	11	2,295,202
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,514,577	16	22,549,204
	17	Accounts payable and accrued expenses	7,671,506	17	7,935,930
	18	Grants payable	2,141,036	18	1,582,879
	19	Deferred revenue	3,831,835	19	4,701,798
	20	Tax-exempt bond liabilities	0	20	0
Ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jab		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	4 200 247	35	4 004 574
		D	1,398,317 15,042,694	25	1,604,574 15,825,181
	26	Total liabilities. Add lines 17 through 25	15,042,694	26	15,625,161
У Ф		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	5,783,305	27	6,229,082
<u> </u>	28	Temporarily restricted net assets	1,608,036	28	416,600
귤	29	Permanently restricted net assets	80,542	29	78,341
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
٥	30	Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,471,883	33	6,724,023
Net	34	Total liabilities and net assets/fund balances	22,514,577	34	22,549,204
	J-4	rotar navinties and net assets/lunu valances	22,314,377	34	22,549,204

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. 🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		126,0	56,619
2	Total expenses (must equal Part IX, column (A), line 25)	2			.87,776
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-1	31,157
5	Not uproplying approviages on investments	4		7,4	71,883
3	Net unrealized gains (losses) on investments	5			33,297
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
_		9		-6	50,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,7	24,023
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a	Yes	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			163	

Software ID: Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										<u>,_,</u>
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) Lyons II Charles J President and CEO	40 0	х		х				620,768	0	35,626
(1) GLASER PAUL HONORARY CHAIRMAN	0 5	×						0	0	0
(2) HAGEY RUSS	0 5	х						0	0	0
CO-CHAIR (3) HILL ANNIE	0 0	×						0	0	0
SECRETARY (4) MCCUNE JOSEPH MD PHD	0 0	.,								
BOARD MEMBER (5) PAPE STUART	0 0	X						0	0	0
BOARD MEMBER	0 0	х						0	0	0
(6) WELLDE GEORGE BOARD MEMBER	0 5	×						0	0	0
(7) ABDI OMAR	0 5	х						0	0	0
8) CRAVERO-KRISTOFFERSSON KATHLEEN	0 0	х						0	0	0
BOARD MEMBER (9) KERGER PAULA	0 0	^						0	0	0
BOARD MEMBER (10) ZEEGEN SUSIE	0 0	X						0	0	0
BOARD MEMBER	0 0	х						0	0	0
(11) DODD CHRISTOPHER BOARD MEMBER	0 5	х						0	0	0
(12) SMITH JUSTIN BOARD MEMBER	0 5	х						0	0	0
(13) BARKER NIGEL	0 5	х						0	0	0
BOARD MEMBER (14) Devine-Karlın Patrıcıa	0 0 40 0			x				262,772	0	25,460
EVP, Ext Affairs & Bus Dev (15) Giphart Adriaantje	0 0							·		
EVP, Med & Scientific Affairs (16) Hellmann Nicholas S	0 0			X				247,057	0	27,258
EVP, Med & Scientific Affairs	0 0			х				181,812	0	12,910
(17) Kiley Bradley J Chief Operating Officer	40 0			х				286,547	0	25,023
(18) O'Brien Philip EVP, Comm, Advocacy, Develop	40 0			х				175,995	0	10,700
(19) Buono Nicole	40 0				х			190,145	0	29,374
Country Director, Malawi (20) Horner Douglas	40 0				x			216,046	0	24,970
VP, Awds, Comp & Int'L Ops (21) Lee Stephen	0 0 40 0				X			·	0	·
VP, Prog Imp & Cntry Mgmt (22) Mahdı Mohammed	0 0							229,598		16,772
Country Director, Swaziland (23) Mahomva Agnes	0 0				Х			164,485	0	14,205
Country Director, Zimbabwe	0 0				Х			180,888	0	13,348
(24) Mathis Jill	40 0				х			177,401	0	16,171
,					<u> </u>			1	i	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Country Director, Mozambique	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check some than one box, unless than officer employee) Position (do not check some than officer employee) Highest compensated Position (Area employee) Institutional Trustee or director		(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			
X	(26) Marales Fernando	40.0				Ě				
(1) Savosnick Peter					х			167,334	0	9,073
Sr Dir, City Mgmt & Support 0 0										
Country Director, Lesotho					Х			247,356	0	19,795
P.P. Prog Innov & Policy	(2) Simonds Robert J	1			,,			225 620		45.046
X 207,330 0 13,569 Country Director, Lesotho 0 0 X 207,330 0 13,569 Country Director, Lesotho 40 0 X 227,375 0 14,937 Country Director, Tanzania 0 0 X 227,375 0 14,937 Country Director, Tanzania 0 0 X 227,375 0 24,903 Country Director, Tanzania 0 0 X 223,715 0 24,903 Country Director, Tanzania 0 0 X 223,715 0 24,903 Country Director, Mariana L 40 0 X 265,349 0 6,022 Country Director, Mozambique 0 0 X 265,349 0 6,022 Country Director, Mozambique 0 0 X 215,615 0 12,697 Country Director, Mozambique 0 0 X 215,615 0 12,697 Country Director, Mozambique 0 0 X 215,615 0 12,697 Country Director, Mozambique 0 0 X 216,237 0 19,360 Country Director, Mozambique 0 0 X 216,237 0 19,360 Country Director, Mozambique 0 0 X 216,237 0 19,360 Country Director, Mozambique 0 0 X 216,237 0 19,360 Country Director, Mozambique 0 0 X 216,237 0 19,360 Country Director, Mozambique 0 0 X 216,237 0 19,360 Country Director, Mozambique 0 0 X 219,390 0 18,280 Country Director, Mozambique 0 0 X 219,390 0 18,280 Country Director, Mozambique 0 0 X 219,640 0 13,071 Country Director, Mozambique 0 0 X 219,640 0 13,071 Country Director, Mozambique 0 0 X 219,640 0 13,071 Country Director, Mozambique 0 0 0 0 0 0 0 0 0 0					X			225,630	U	15,946
Country Director, Lesotho 0 0	* * * * * * * * * * * * * * * * * * * *				V			207 220	0	12 560
X 227,375 0 14,937								207,330		13,309
Column C					х			227,375	0	14,937
X 223,715 0 24,903										
X 265,349 0 6,022					Х			223,715	0	24,903
Column C						х		265,349	0	6,022
Provincial Clinical Advisor	·	40 0								
X 216,237 0 19,360 Sr Tech Adv, Mozambique						×		215,615	0	12,697
Sr Tech Adv, Mozambique 0 0 Image: Control of the cont						,,		216 227		10.260
Dir, Int'l HR 0 0 (10) Van de Ven Roland 40 0 X 219,640 X 219,640 0 13,071						^		216,237	U	19,360
Dir, Int'l HR 0 0 Image: Control of the property of t	• •	1				v		103 300	0	18 280
								193,390	Ů	10,200
						_ x		219 640	0	13 071
								215,040		13,071

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As Filed Data -

DLN: 93493225009295

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

							95-4191698						
Pai	rt I	Reason for Publi	c Charity S	tatus (All organiza	itions must co	omplete this i	oart.) See instruction	ns.					
The c	rganız	zation is not a private f	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).						
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
	_	hospital's name, city,											
5	1	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	Г	A federal, state, or loc	al governmen	t or governmental unit	described in s	ection 170(b)(1)(A)(v).						
7	✓	An organization that n	•	•	• •	om a governm	ental unit or from the g	jeneral public					
	_	described in section 1				TT \							
8	<u> </u>	A community trust de					h	e					
9	1	An organization that n	•				•	=					
		receipts from activitie			-		` '						
		its support from gross				-	·	Dusinesses					
4.0	_	acquired by the organ		,	. , ,	` '	,						
10	<u> </u>	An organization organ											
11	ı	An organization organ one or more publicly s											
		the box in lines 11a th											
а	Γ	Type I. A supporting of											
		supported organizatio				ity of the direct	ors or trustees of the	supporting					
_	_	organization You mus					utod ovasnizstion(s) l	having cantual as					
b	1	Type II. A supporting management of the su	-	•		• •	•	, -					
		must complete Part I			sume persons t	inde control of	manage the supported	organization(5) Ioa					
C	Γ	Type III functionally	•		n operated in c	onnection with	, and functionally inte	grated with, its					
_	_	supported organizatio											
d	1	Type III non-function not functionally integr											
		(see instructions) Yo					ement and an attentiv	eness requirement					
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally					
		ıntegrated, or Type II	I non-function	ally integrated suppor	tıng organızatıd	on							
f		Enter the number of s											
g		Provide the following i	nformation abo	out the supported orga	inization(s)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ganızatıon	(v) A mount of	(vi) A mount of					
		organization		organization	listed in your	governing	monetary support	other support (see					
	(described on lines document? (see instructions) instruct												
				1-9 above or IRC									
				section (see instructions))									
					Yes	No							
Tota													
			_			G 1 N 443	055						

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 (a) 2010 **(b)** 2011 (d) 2013 (c) 2012 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do 151,181,047 162,466,052 122,027,629 119,915,832 126,578,039 682,168,599 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either O paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 151,181,047 162,466,052 122,027,629 119,915,832 126,578,039 682,168,599 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 23,909,556 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 658,259,043 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 151,181,047 162,466,052 122,027,629 119,915,832 126,578,039 682,168,599 Amounts from line 4 Gross income from interest, dividends, payments received 120,195 67,530 60,548 90,052 91,767 430,092 on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 682,598,691 through 10 Gross receipts from related activities, etc (see instructions) 12 12 288,350 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 96 434 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 97 627 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ 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.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)					
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
5	ection E. Type III Functionally-Integrated Supporting Organizations					
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	ıct ione)			
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)					
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3						
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each					

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year				
1 Amounts paid to supported organizations to accom					
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in				
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons			
4 Amounts paid to acquire exempt-use assets					
	5 Qualified set-aside amounts (prior IRS approval required)				
6 Other distributions (describe in Part VI) See instru	ICTIONS				
7 Total annual distributions. Add lines 1 through 6					
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide			
9 Distributable amount for 2014 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014		
1 Distributable amount for 2014 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2014					
a From 2009					
b From 2010					
c From 2011					
d From 2012					
e From 2013					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
4 Distributions for 2014 from Section D, line 7 \$					
Applied to underdistributions of prior years					
b Applied to 2014 distributable amount			1		
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7 Excess distributions carryover to 2015. Add lines 31 and 4c					
8 Breakdown of line 7					
a From 2010					
b From 2011					
c From 2012					
d From 2013					

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a 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).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493225009295

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Political Campaign and Lobbying Activities

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

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

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

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

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

	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	ime of the organization ZABETH GLASER PEDIATRIC AIDS FOUNI	DATION		Employer ide	ntification number
				95-4191698	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polıtı	cal campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				-
Par	Complete if the or	ganization is exempt under	section 501(c)(3).	
1		e tax incurred by the organization un			\$
2	Enter the amount of any excise	e tax incurred by organization manag	gers under sectio	n 4955 ►	\$
3		section 4955 tax, did it file Form 47			☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to o	ther organızatıon	s for section 527	
	exempt function activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization's I to a separate political org	funds Also enter the anization, such as a ation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
			_'		I.

section 4911 tax for this year?

┌ Yes ┌ No

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

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

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar	xpenditures	(a) Filing organization's	(b) Affiliated group
			totals	totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	4,08	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	54,16	0
C	Total lobbying expenditures (add lines 1a and 1b	o)	58,24	2
d	O ther exempt purpose expenditures	1 2 6 , 1 2 9 , 5 3	4	
e	Total exempt purpose expenditures (add lines 1c and 1d)		126,187,77	6
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,00	О
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,00	0
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -		
j	If there is an amount other than zero on either lir	20 reporting	- · · - · ·	

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.)

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

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)
activ		Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	, ,			<u> </u>	
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$	501(c)(5), c	or secti	on
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
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).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493225009295

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION						Employer identification number						
FETSADELLI GEASEK LEDIMIKIC MEDS I OOMANITOM							95-4191698					
a	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.			Funds	or Acc	ounts.	Comple	ete if the			
		(a) Donor	ad	vised funds		(b) Fun	ds and o	ther acco	unts			
	Total number at end of year											
	Aggregate value of contributions to (during year)											
	Aggregate value of grants from (during year)											
	Aggregate value at end of year											
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or				onor adv	sed		┌ Yes	┌ No			
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene- conferring impermissible private benefit?						se .	┌ Yes	┌ No			
ĺ	rt II Conservation Easements. Complete if	the organization	ı a	inswered "Yes"	' to Forr	า 990,	Part IV	, line 7.				
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education)	-	Preservation of Preservation of	a certifie	d histor	ıc struct	ure				
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conserva	atı	on contribution II	n the forr				- V			
	Total number of conservation easements				-	Held	at the l	End of the	e year			
					2a							
	Total acreage restricted by conservation easements			1 (-)	2b							
	Number of conservation easements on a certified histo			` '	2c							
	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/0	6,	and not on a	2d							
	Number of conservation easements modified, transfer	red, released, extın	ıgu	ished, or termina	ited by th	ie organ	ızatıon d	luring				
	the tax year 🗠											
	Number of states where property subject to conservat	ion easement is loc	cat	ted ►								
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monito	rır	ng, inspection, ha	andling of	violatio	ns, and	┌ Yes	┌ No			
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing	g c	conservation eas	ements o	luring th	e year					
	A mount of expenses incurred in monitoring, inspecting • \$	g, and enforcing cor	nse	ervation easemei	nts durın	g the ye	ar					
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the	e r	equirements of s	ection 1	70(h)(4)	(B)(ı)	┌ Yes	┌ No			
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the or										
į	Complete if the organization answered "Y				, or Ot	her Sii	nilar A	\ssets.				
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ets held for public e	хh	ibition, education	n, or rese	arch ın						
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public e							olic			
	(i) Revenue included in Form 990, Part VIII, line 1					► \$						
	(ii) Assets included in Form 990, Part X					► 9	.					
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					cıal gaıı						
	Revenue included in Form 990, Part VIII, line 1					► \$						
	Assets included in Form 990, Part X					▶ ⊈						
	A 33663 INCIDATED IN FORM 330, PAIL A					7						

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Tr	easu	res, or O	<u>ther</u>	<u>Similar Ass</u>	sets (c	continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	neck	any of t	he follo	owing that a	re a s	ignificant use	of its	
a	Public exhibition		d	Γ	Loan	or exch	nange progra	ams			
b	Scholarly research		е	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon	's exe	mpt purpose ıı	n	
5	During the year, did the organization solicit o										
Dor	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		-							Yes	□ No
Pair	Part IV, line 9, or reported an an						i aliswered	ı res	א נט רטוווו פ	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets no		_ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing	table						
									Am	ount	
C	Beginning balance							1c			
d	Additions during the year						L	1d			
е	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for e	scrow o	rcusto	dıal accour	nt liabi	ılıty? [Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been p	rovided in P	art XI	II		Γ
Pa	rt V Endowment Funds. Complete										
_		(a)Current year	(b) Prior		<u> </u>		(d) Th		(e)Four	years back
1a	Beginning of year balance	80,542			84,479		89,022 -4,543		91,199		92,225
b	Contributions						-4,543		-2,177		
С	Net investment earnings, gains, and losses	-2,201			-3,937		1,271		3,145		2,970
d	Grants or scholarships										
е	Other expenditures for facilities and programs						1,271		3,145		3,996
f	Administrative expenses	70.244			00.543		04.470		00.022		04.400
g	End of year balance	78,341			80,542	<u> </u>	84,479		89,022		91,199
2	Provide the estimated percentage of the curr	rent year end baland	e (lır	ne 1g	, colum	n (a)) h	ield as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ► 100 000 %										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	d and a	dmınıstered	for th	ne		
	organization by								2-4	Yes	
	(i) unrelated organizations(ii) related organizations			•		• •		•	3a(i 3a(i		No No
ь	If "Yes" to 3a(II), are the related organization							٠	3b		1
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	ent f	unds					•	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		he o	rgar	nizatior	n answ	ered 'Yes'	to F	orm 990, Pa	rt IV, l	ine
	Description of property	10.			a) Cost o sıs (ınve		(b)Cost or o basis (other		(c) Accumulated depreciation	(d) i	Book value
				+							
	Buildings							$\neg \dagger$		+	
	Leasehold improvements						263	,193	263,19	93	
	Equipment							,418	247,03		174,386
	Other						·	,300	791,43		135,870
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		K, colu	ımn (B), line	10(c).)				+	310,256
	. , , ,	•				. , ,			Schedule D	(Form	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(B) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. Complete if the organizati		 90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	T
	(D) Book value	
Pederal Income taxes DEFERRED RENT	1,604,574	┥
		1
		-
		1
		-
		_
		1
		4
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,604,574	
2 Liability for uncertain tax positions. In Part XIII. provi		

SCH D, PART XI, LINE 4B

SCH D, PART XII, LINE 2D

Par	t XI		Revenue per Audited Financial Statements With Revenue p swered 'Yes' to Form 990, Part IV, line 12a.	er R	Leturn Complete If
1	Tota		her support per audited financial statements	1	126,712,120
2	A mo	unts included on line 1	but not on Form 990, Part VIII, line 12		
а	Netι	ınrealızed gaıns (losses	s) on investments 2a 33,297		
b	Dona	ited services and use of	f facilities 2b		
c	Reco	veries of prior year grai	nts		
d	Othe	r (Describe in Part XIII	ː) 2d		
e	Add	lines 2a through 2d		2e	33,297
3	Subt	ract line 2e from line 1		3	126,678,823
4	A mo	unts included on Form 9	990, Part VIII, line 12, but not on line 1		
а	Inve	stment expenses not in	cluded on Form 990, Part VIII, line 7b . 4a		
b	Othe	r (Describe in Part XIII	(i)		
c	Add	lines 4a and 4b		4c	-622,204
5	Tota	l revenue Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 12)	5	126,056,619
Part	XII		Expenses per Audited Financial Statements With Expenses inswered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total	expenses and losses p	per audited financial statements	1	126,809,980
2	A mo	unts included on line 1 b	out not on Form 990, Part IX, line 25		
а	Dona	ted services and use of	facilities		
b	Prior	year adjustments .			
C	Othe	rlosses			
d	Othe	r (Describe in Part XIII) 2d 622,204		
e	A dd I	ines 2a through 2d .		2e	622,204
3	Subti	ract line 2e from line 1		3	126,187,776
4	A mo	unts included on Form 9	90, Part IX, line 25, but not on line 1:		
а	Inves	stment expenses not in	cluded on Form 990, Part VIII, line 7b 4a		
b	Othe	r (Describe in Part XIII)		
c	A dd I	ines 4a and 4b		4 c	
5	Total	expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)	5	126,187,776
Part	XIII	Supplemental I	nformation		
Part		4, Part X, line 2, Part X	or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Re	eturn Reference	Explanation		
SCH	D, PAR	ΤV	THE FOUNDATION INTENDS TO USE EARNINGS FROM ITS ENDOWN DELIVER ITS PROGRAMMATIC SERVICES	1ENT	FUNDS TO FURTHER
SCH [O, PAR	T X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME AND STATE UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC STATE REVENUE AND TAXATION STATUTES, EXCEPT FOR ANY FED BE A RESULT OF UNRELATED BUSINESS TRANSACTIONS ACCORDS FOR INCOME TAXES IS REQUIRED ACCOUNTING PRINCIPLES GEN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCE TAKEN BY THE FOUNDATION THE FINANCIAL STATEMENT EFFECT ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NO TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS, AND AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN EXPECTED TO BE TAKEN THE FOUNDATION HAS RECOGNIZED NO RELATED TO UNCERTAIN TAX POSITIONS.	E) ANI ERAL INGL' ERAL RTAI S OF T, BA HE IN D HAS POSI INTE	D CORRESPONDING INCOME THAT MAY INCOME THAT MAY INCOME THAT MAY INCOME THAT MAY INCOME THAT

AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010

SPECIAL EVENT EXPENSES -622,204

SPECIAL EVENT EXPENSES 622,204

Jenedale 2 (1 31111 33 3) 23 13		r age S				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
l						
-						

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225009295

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

Open to Public **Inspection**

ELIZABETH GLASER PEDIATRIC AI	DS FOUNDATIC) IN		95-4191698	
Part I General Information "Yes" to Form 990, Pa			e United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does the and other assistance, the gr used to award the grants or	antees' eligibili	ty for the gran	ts or assistance, and	the selection criteria	✓ Yes
2 For grantmakers. Describe I assistance outside the Unite		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3 Activites per Region (The follow	wing Part I, line 3	table can be du	iplicated if additional spa	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data			,		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	13	1,114			101,101,212
c Totals (add lines 3a and 3b)	13	1,114			101,101,212

Schedule F (Form 990	0)2014							Page 2
Part II Grants Part IV,	and Other Assi line 15, for any r	stance to Orgar ecipient who rece	nizations or Entitions or Entit	es Outside the Un 000. Part II can be	ited States. Comp duplicated if additio	lete if the organiza nal space is neede	tion answered "Yes' 1.	' to Form 990,
1 (a) Name of organization (1) See Add'l	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Data (2)								
(3)								
(4)								
(5)								
(6)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(16)								
•								

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

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	•			•	•		

Part IV Foreign Forms

1	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)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	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)	Г	Yes	্	Νo
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)	Г	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)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCH F, PART I, LINE 1	THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEES OVERSEAS A PRE-AWARD ASSESSMENT OF THE GRANTEE DETERMINES AN INITIAL RISK LEVEL FOR FINANCIAL/ADMINISTRATIVE PERFORMANCE BASED ON THE INITIAL RISK LEVEL AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF CAPACITY BUILDING NEEDED MONITORING AND SUPPORT ARE CONDUCTED BY BOTH TECHNICAL STAFF AND OPERATIONS STAFF TECHNICAL STAFF MONITOR AND HELP IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS OPERATIONS STAFF SUCH AS AWARDS AND COMPLIANCE AND FINANCE STAFF REVIEW GRANTEES FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION ARE ALLOWABLE, ALLOCABLE, AND REASONABLE IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCH F, PART I, LINE 3, COLUMN E	PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE AND TREATMENT SERVIC ES TO CHILDREN AND FAMILIES AFFLICTED WITH HIV/ AIDS AS WELL AS MONITORING OF THE USE OF A LL GRANT FUNDS SENT TO FOREIGN ORGANIZATIONS

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCH F, PART II, COLUMN D	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCH F, PART II, COLUMN H	[A] OPERATING EXPENSES, [B] MEDICAL SUPPLIES AND/OR MEDICAL EQUIPMENT

Additional Data

Software ID: Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	12	1,111	Program Services	SEE PART V	80,004,636
Europe (Including Iceland and Greenland)	1	3	Program Services	SEE PART V	717,187
North America			Program Services	SEE PART V	148,968

Form 990 Schedule F F	Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region							
East Asia and the Pacific			Program Services	SEE PART V	222,191							
Sub-Saharan Africa			Fundraising		390,505							
Europe (Including Iceland and Greenland)			Fundraising		205,815							

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Fundraising		3,646
South Asia			Fundraising		14,400
East Asia and the Pacific			Fundraising		1,829

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
Sub-Saharan Africa			Grantmakıng		19,187,929						
South Asia			Grantmakıng		179,442						
Russia and the Newly Independent States			Grantmakıng		14,664						

<u>Form 990 Schedule F F</u>	form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
North America			Grantmaking		10,000						

Form 990 Schedı	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
		Sub-Saharan Afrıca	See Part V	16,264	WIRE							
		Sub-Saharan Afrıca	See Part V	21,507	WIRE							
		Sub-Saharan Afrıca	See Part V	11,157	WIRE							
		Sub-Saharan Africa	See Part V	15,305	WIRE							

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)				
	Sub-Saharan Africa	See Part V	24,921	WIRE		1					
	Sub-Saharan Africa	See Part V	21,449	WIRE		1					
	Sub-Saharan Africa	See Part V	680,890	WIRE	38,955	(A) PART V	COST				
	Sub-Saharan Africa	See Part V	59,787	WIRE		1					
Ē	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 680,890	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V (e) Amount of cash grant (f) Manner of cash disbursement 24,921 WIRE Sub-Saharan Africa See Part V 21,449 WIRE Sub-Saharan Africa See Part V 680,890 WIRE	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement Sub-Saharan Africa See Part V 24,921 WIRE Sub-Saharan Africa See Part V 21,449 WIRE Sub-Saharan Africa See Part V 680,890 WIRE 38,955 (A) PART V				

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	117,482	WIRE						
		Sub-Saharan Africa	See Part V	37,973	WIRE						
		Sub-Saharan Africa	See Part V	138,505	WIRE						
		Sub-Saharan Africa	See Part V	146,970	WIRE						
		Sub-Saharan Africa	See Part V	146,970	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	150,560	WIRE						
		Sub-Saharan Africa	See Part V	41,196	WIRE						
_		Sub-Saharan Africa	See Part V	9,399	WIRE						
		Sub-Saharan Africa	See Part V	13,418	WIRE			1			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	38,653	WIRE					
		Sub-Saharan Africa	See Part V	35,358	WIRE					
		Sub-Saharan Africa	See Part V	94,214	WIRE					
		Sub-Saharan Africa	See Part V	96,236	WIRE			1		
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	32,802	WIRE					
		Sub-Saharan Africa	See Part V	45,820	WIRE					
		Sub-Saharan Africa	See Part V	6,481	WIRE					
		Sub-Saharan Africa	See Part V	19,417	WIRE					
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Form 990 Schedu	orm 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		Sub-Saharan Africa	See Part V	56,433	WIRE					
		Sub-Saharan Africa	See Part V	25,342	WIRE					
		Sub-Saharan Africa	See Part V	111,703	WIRE					
		Sub-Saharan Africa	See Part V	52,946	WIRE					

Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)	
		Sub-Saharan Africa	See Part V	45,861	WIRE				
		Sub-Saharan Africa	See Part V	70,222	WIRE				
		Sub-Saharan Africa	See Part V	132,946	WIRE				
		Sub-Saharan Africa	See Part V	106,874	WIRE	1		1	

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	28,478	WIRE					
		Sub-Saharan Africa	See Part V	11,308	WIRE					
		Sub-Saharan Africa	See Part V	17,700	WIRE					
		Sub-Saharan Africa	See Part V	79,297	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	34,847	WIRE					
		Sub-Saharan Africa	See Part V	30,924	WIRE					
		Sub-Saharan Africa	See Part V	352,423	WIRE					
		Sub-Saharan Africa	See Part V	138,753	WIRE					
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Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	24,338	WIRE						
		Sub-Saharan Afrıca	See Part V	31,486	WIRE						
		Sub-Saharan Afrıca	See Part V	9,413	WIRE						
		Sub-Saharan Africa	See Part V	49,898	WIRE						

Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	39,508	WIRE						
		Sub-Saharan Afrıca	See Part V	40,296	WIRE						
		Sub-Saharan Afrıca	See Part V	31,462	WIRE						
		Sub-Saharan Africa	See Part V	48,209	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	320,136	WIRE					
		Sub-Saharan Africa	See Part V	14,918	WIRE					
		Sub-Saharan Africa	See Part V	91,261	WIRE					
		Sub-Saharan Africa	See Part V	9,617	WIRE					
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Form 990 Schedı	form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	15,501	WIRE						
		Sub-Saharan Afrıca	See Part V	20,848	WIRE						
		Sub-Saharan Afrıca	See Part V	12,600	WIRE						
		Sub-Saharan Africa	See Part V	50,472	WIRE						

Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	48,703	WIRE						
		Sub-Saharan Afrıca	See Part V	108,058	WIRE						
		Sub-Saharan Afrıca	See Part V	21,219	WIRE						
		Sub-Saharan Africa	See Part V	30,846	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	33,127	WIRE					
		Sub-Saharan Africa	See Part V	6,575	WIRE					
		Sub-Saharan Africa	See Part V	6,194	WIRE					
		Sub-Saharan Africa	See Part V	86,378	WIRE			1		
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	28,851	WIRE					
		Sub-Saharan Africa	See Part V	52,046	WIRE					
		Sub-Saharan Africa	See Part V	18,586	WIRE					
		Sub-Saharan Africa	See Part V	10,315	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	14,536	WIRE					
		Sub-Saharan Afrıca	See Part V	9,568	WIRE					
		Sub-Saharan Africa	See Part V	65,870	WIRE					
		Sub-Saharan Africa	See Part V	26,220	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	30,439	WIRE					
		Sub-Saharan Africa	See Part V	43,693	WIRE					
1		Sub-Saharan Africa	See Part V	9,029	WIRE					
		Sub-Saharan Africa	See Part V	30,885	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	42,071	WIRE					
		Sub-Saharan Africa	See Part V	58,773	WIRE					
		Sub-Saharan Africa	See Part V	7,856	WIRE					
		Sub-Saharan Africa	See Part V	12,443	WIRE					
		Sub-Saharan Africa	See Part V	12,443	WIRE					

Form 990 Schedı	form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Afrıca	See Part V	34,416	WIRE						
		Sub-Saharan Afrıca	See Part V	26,237	WIRE						
		Sub-Saharan Afrıca	See Part V	5,585	WIRE						
		Sub-Saharan Africa	See Part V	46,590	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	15,940	WIRE					
		Sub-Saharan Africa	See Part V	21,775	WIRE					
		Sub-Saharan Africa	See Part V	228,446	WIRE					
		Sub-Saharan Africa	See Part V	12,518	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	27,765	WIRE					
		Sub-Saharan Africa	See Part V	514,387	WIRE					
		Sub-Saharan Africa	See Part V	26,749	WIRE					
		Sub-Saharan Africa	See Part V	43,285	WIRE	[
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Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	73,685	WIRE						
		Sub-Saharan Afrıca	See Part V	122,210	WIRE						
		Sub-Saharan Afrıca	See Part V	80,441	WIRE						
		Sub-Saharan Africa	See Part V	57,978	WIRE						

Form 990 Schedı	form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	185,794	WIRE						
		Sub-Saharan Afrıca	See Part V	28,200	WIRE						
		Sub-Saharan Afrıca	See Part V	5,152	WIRE						
		Sub-Saharan Africa	See Part V	37,948	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	34,369	WIRE					
		Sub-Saharan Africa	See Part V	48,806	WIRE					
		Sub-Saharan Afrıca	See Part V	195,075	WIRE	6,240	(B) PART V	COST		
		Sub-Saharan Africa	See Part V	183,430	WIRE	38,955	(B) - PART V	Cost		
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	43,063	WIRE					
		Sub-Saharan Africa	See Part V	8,061	WIRE					
		Sub-Saharan Africa	See Part V	57,200	WIRE					
		Sub-Saharan Africa	See Part V	100,815	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	20,000	WIRE					
		Sub-Saharan Africa	See Part V	8,823	WIRE					
		Sub-Saharan Africa	See Part V	388,436	WIRE					
		Sub-Saharan Africa	See Part V	183,635	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	60,126	WIRE		1			
		Sub-Saharan Afrıca	See Part V	121,229	WIRE		1			
		Sub-Saharan Africa	See Part V	199,528	WIRE	11,113	(B)PART V	COSTQ		
		Sub-Saharan Africa	See Part V	125,341	WIRE		1			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	44,075	WIRE					
		Sub-Saharan Africa	See Part V	7,093	WIRE					
		Sub-Saharan Africa	See Part V	26,277	WIRE					
		Sub-Saharan Africa	See Part V	41,917	WIRE					
	,	Sub-Sanaran Airica	See Part V	41,917	WIRE		1			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	17,386	WIRE					
		Sub-Saharan Africa	See Part V	42,538	WIRE					
		Sub-Saharan Africa	See Part V	23,368	WIRE					
		Sub-Saharan Africa	See Part V	61,756	WIRE					
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Form 990 Schedı	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	298,564	WIRE						
		Sub-Saharan Afrıca	See Part V	41,155	WIRE						
		Sub-Saharan Afrıca	See Part V	16,900	WIRE						
		Sub-Saharan Africa	See Part V	66,337	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	113,197	WIRE					
		Sub-Saharan Africa	See Part V	471,570	WIRE					
		Sub-Saharan Africa	See Part V	112,364	WIRE					
		Sub-Saharan Africa	See Part V	12,400	WIRE			1		
	'	Sub-Saharan Africa	See Part V	12,400	WIRE		1	1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	6,062	WIRE					
		Sub-Saharan Africa	See Part V	51,655	WIRE					
		Sub-Saharan Africa	See Part V	24,820	WIRE					
		Sub-Saharan Africa	See Part V	51,693	WIRE					

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	86,340	WIRE					
		Sub-Saharan Africa	See Part V	106,867	WIRE					
		Sub-Saharan Africa	See Part V	122,104	WIRE					
		Sub-Saharan Africa	See Part V	34,800	WIRE					
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		Sub-Saharan Africa	See Part V	66,434	WIRE					
		Sub-Saharan Africa	See Part V	84,063	WIRE					
		Sub-Saharan Africa	See Part V	66,498	WIRE					
		Sub-Saharan Africa	See Part V	86,613	WIRE			1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	39,794	WIRE					
		Sub-Saharan Africa	See Part V	20,000	WIRE					
		Sub-Saharan Africa	See Part V	102,831	WIRE					
		Sub-Saharan Africa	See Part V	24,500	WIRE					
	'	Sub-Sanaran Africa	See Part V	24,500	WIRE		1			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	15,200	WIRE					
		Sub-Saharan Africa	See Part V	11,800	WIRE					
		Sub-Saharan Africa	See Part V	189,700	WIRE					
		Sub-Saharan Africa	See Part V	52,918	WIRE					
/	1	1	1	, I	, ,	'	1	1		

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	15,000	WIRE						
		Sub-Saharan Afrıca	See Part V	38,336	WIRE						
		Sub-Saharan Afrıca	See Part V	109,967	WIRE						
		Sub-Saharan Africa	See Part V	87,786	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	58,757	WIRE					
		Sub-Saharan Africa	See Part V	107,687	WIRE					
		Sub-Saharan Africa	See Part V	44,093	WIRE					
		Sub-Saharan Africa	See Part V	26,600	WIRE					
'	1	1	1	1	1	1	1	1		

, rorm 990 Scheau	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	208,308	WIRE	38,955	(A) PART V	COST			
		Sub-Saharan Africa	See Part V	25,004	WIRE						
		Sub-Saharan Afrıca	See Part V	83,434	WIRE						
		Russia and the Newly Independent States	See Part V	14,664	WIRE						

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Africa	See Part V	7,800	WIRE						
		Sub-Saharan Afrıca	See Part V	8,596	WIRE						
		Sub-Saharan Afrıca	See Part V	71,432	WIRE						
		Sub-Saharan Africa	See Part V	261,139	WIRE	38,955	(B) PART V	COST			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	15,000	WIRE					
		Sub-Saharan Africa	See Part V	30,161	WIRE					
		Sub-Saharan Africa	See Part V	47,409	WIRE					
		Sub-Saharan Africa	See Part V	66,735	WIRE					
								,		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	31,734	WIRE					
		Sub-Saharan Africa	See Part V	10,500	WIRE					
		Sub-Saharan Africa	See Part V	297,055	WIRE					
		Sub-Saharan Africa	See Part V	177,288	WIRE					
	'	Sub-Saharan Africa	See Part V	1//,288	WIRE		1			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	15,035	WIRE					
		Sub-Saharan Africa	See Part V	34,560	WIRE					
		Sub-Saharan Africa	See Part V	102,954	WIRE					
		Sub-Saharan Africa	See Part V	116,538	WIRE			1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	17,817	WIRE					
		Sub-Saharan Africa	See Part V	177,999	WIRE					
		Sub-Saharan Africa	See Part V	58,750	WIRE					
		Sub-Saharan Africa	See Part V	44,523	WIRE					
'	1	,	1	1	1	1	1	1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	18,500	WIRE					
		Sub-Saharan Africa	See Part V	30,646	WIRE					
		Sub-Saharan Africa	See Part V	132,643	WIRE					
		Sub-Saharan Africa	See Part V	34,801	WIRE			1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	34,507	WIRE					
		Sub-Saharan Africa	See Part V	163,490	WIRE					
		Sub-Saharan Africa	See Part V	19,133	WIRE					
		Sub-Saharan Africa	See Part V	32,534	WIRE					
		Sub-Saharan Africa	See Part V	32,534	WIRE			1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		Sub-Saharan Afrıca	See Part V	50,264	WIRE					
		Sub-Saharan Africa	See Part V	11,052	WIRE					
_		Sub-Saharan Africa	See Part V	16,605	WIRE					
		Sub-Saharan Africa	See Part V	35,632	WIRE		1	1		

Form 990 Schedı	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	20,624	WIRE						
		Sub-Saharan Afrıca	See Part V	196,267	WIRE						
		Sub-Saharan Afrıca	See Part V	76,848	WIRE						
		Sub-Saharan Africa	See Part V	13,684	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		South Asia	See Part V	67,839	WIRE					
		Sub-Saharan Africa	See Part V	39,668	WIRE					
		Sub-Saharan Africa	See Part V	10,998	WIRED					
		Sub-Saharan Africa	See Part V	35,105	WIRE					
1										

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	33,054	WIRE					
		Sub-Saharan Africa	See Part V	18,391	WIRE					
		Sub-Saharan Africa	See Part V	7,775	WIRE					
		Sub-Saharan Africa	See Part V	82,570	WIRE					
1	,	•	•	•	•	•	•	, , , , , , , , , , , , , , , , , , ,		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	43,883	WIRE					
		Sub-Saharan Africa	See Part V	54,480	WIRE					
		Sub-Saharan Africa	See Part V	34,324	WIRE					
		Sub-Saharan Africa	See Part V	127,690	WIRE					
1								•		

Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	70,683	WIRE						
		Sub-Saharan Afrıca	See Part V	49,667	WIRE						
		Sub-Saharan Afrıca	See Part V	113,497	WIRE						
		Sub-Saharan Africa	See Part V	37,778	WIRE						

Form 990 Schedu	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)			
		Sub-Saharan Afrıca	See Part V	10,113	WIRE						
		Sub-Saharan Afrıca	See Part V	323,582	WIRE						
		Sub-Saharan Afrıca	See Part V	22,099	WIRE						
		Sub-Saharan Africa	See Part V	45,913	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	87,175	WIRE					
		Sub-Saharan Africa	See Part V	11,080	WIRE					
		Sub-Saharan Africa	See Part V	10,283	WIRE					
		Sub-Saharan Africa	See Part V	84,825	WIRE					
	1	1	1	, ,	1	1	1	1		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	112,382	WIRE					
		Sub-Saharan Africa	See Part V	69,331	WIRE					
		Sub-Saharan Africa	See Part V	107,974	WIRE					
		Sub-Saharan Africa	See Part V	38,504	WIRE					
		Sub-Saharan Africa	See Part V	38,504	WIRE					

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	57,292	WIRE					
		Sub-Saharan Africa	See Part V	73,579	WIRE					
		Sub-Saharan Africa	See Part V	64,144	WIRE					
		Sub-Saharan Africa	See Part V	55,969	WIRE					
				, ,						

Form 990 Schedu	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Afrıca	See Part V	6,964	WIRE						
		Sub-Saharan Afrıca	See Part V	61,820	WIRE						
		Sub-Saharan Afrıca	See Part V	40,777	WIRE						
		Sub-Saharan Africa	See Part V	78,106	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	45,814	WIRE					
		Sub-Saharan Africa	See Part V	194,562	WIRE					
		Sub-Saharan Africa	See Part V	177,870	WIRE					
		South Asia	See Part V	179,442	WIRE					
1	,	'		•	· '		•	,		

Form 990 Scheau	orm 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
		Sub-Saharan Africa	See Part V	148,818	WIRE							
		Sub-Saharan Africa	See Part V	15,000	WIRE							
		Sub-Saharan Africa	See Part V	29,003	WIRE							
		Sub-Saharan Africa	See Part V	100,855	WIRE			1				

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	166,065	WIRE					
		Sub-Saharan Afrıca	See Part V	37,819	WIRE					
		Sub-Saharan Africa	See Part V	9,406	WIRE					
		Sub-Saharan Africa	See Part V	89,201	WIRE					
		Sub-Saharan Africa	See Part V	89,201	WIRE					

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
	North America	See Part V	10,000	WIRE						
	Sub-Saharan Africa	See Part V	46,479	WIRE						
	Sub-Saharan Afrıca	See Part V	685,249	WIRE						
	Sub-Saharan Africa	See Part V	16,141	WIRE			1			
((b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) North America Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) North America See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) North America See Part V Sub-Saharan Africa See Part V (e) Amount of cash grant 10,000 46,479 Sub-Saharan Africa See Part V 685,249	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of cash disbursement 10,000 WIRE Sub-Saharan Africa See Part V 46,479 WIRE Sub-Saharan Africa See Part V 685,249 WIRE	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of cash disbursement (g) Amount of non-cash disbursement (ash grant) North America See Part V 10,000 WIRE Sub-Saharan Africa See Part V 685,249 WIRE	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of cash disbursement (g) Amount of non-cash assistance North America See Part V 10,000 WIRE Sub-Saharan Africa See Part V 685,249 WIRE			

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Afrıca	See Part V	7,704	WIRE			
		Sub-Saharan Afrıca	See Part V	26,438	WIRE			
		Sub-Saharan Afrıca	See Part V	35,000	WIRE			
		Sub-Saharan Africa	See Part V	127,925	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		Sub-Saharan Africa	See Part V	55,986	WIRE					
		Sub-Saharan Africa	See Part V	63,894	WIRE					
_		Sub-Saharan Africa	See Part V	208,876	WIRE					
		Sub-Saharan Africa	See Part V	47,884	WIRE					

, Form 990 Scheav	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Africa	See Part V	15,000	WIRE						
	_	Sub-Saharan Afrıca	See Part V	35,000	WIRE						
		Sub-Saharan Afrıca	See Part V	316,721	WIRE						
1		·				·					

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

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

DLN: 93493225009295

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

✓ Mail solicitations

Phone solicitations In-person solicitations

registration or licensing

▼ Internet and email solicitations

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

Open to Public **Inspection**

lame of the	organızat	ion			
ITZABETH	CLASED	DEDIATRIC	AIDC	FOLIND	ΛTIO

Employer identification number

95-4191698

e Solicitation of non-government grants

Solicitation of government grants ▼ Special fundraising events

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

d in Form 990, Part VII) or entity	ın connec	tion with professional f	undraising services?	V Yes
		fundraıseı	rs) pursuant to agreem	ents under which the fur	idraiser is
(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes	No			
L FUNDRAISING CONSULTING		No		182,300	-182,000
IES SPEC EVENT FUNDRAISING		No		10,000	-10,000
SPEC EVENT FUNDRAISING		No		17,150	-17,150
Inc SPEC EVENT FUNDRAISING		No		20,000	-20,000
		.		229,450	-229,150
	ghest paid individuals of least \$5,000 by the organic leas	ghest paid individuals or entities (least \$5,000 by the organization (ii) Activity (iii) fundrai cust con contril Yes FUNDRAISING CONSULTING IES SPEC EVENT FUNDRAISING SPEC EVENT FUNDRAISING Inc SPEC EVENT	ghest paid individuals or entities (fundraiser least \$5,000 by the organization (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No FUNDRAISING CONSULTING IES SPEC EVENT FUNDRAISING SPEC EVENT FUNDRAISING Inc SPEC EVENT FUNDRAISING Inc SPEC EVENT FUNDRAISING No Inc SPEC EVENT FUNDRAISING	ghest paid individuals or entities (fundraisers) pursuant to agreem least \$5,000 by the organization (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No PUNDRAISING CONSULTING IES SPEC EVENT FUNDRAISING SPEC EVENT FUNDRAISING Inc SPEC EVENT No FUNDRAISING Inc SPEC EVENT No FUNDRAISING	(iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY,

NC. ND. OH. OK. OR. PA. RI. SC. SD. TN. TX. UT. VT. VA. WA. WV. WI. WY

		e G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt I	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 TIME FOR HEROES	(b) Event #2 KIDS FOR KidS	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts	535,050	222,965	280,735	1,038,750
e e e	2	Less Contributions	530,400	222,715	277,510	1,030,625
<u> </u>	3	Gross income (line 1 minus line 2)	4,650	250	3,225	8,125
	4	Cash prizes				
မွာ	5	Noncash prizes	64,053	252	10,216	74,521
Expenses	6	Rent/facility costs	17,938	54,344	10,000	82,282
쯊	7	Food and beverages .	16,48	12,083	46,874	75,442
Direct	8	Entertainment				
ā	9	Other direct expenses .	141,862	144,805	101,018	387,685
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(619,930)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)	•	-611,805
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rey	1	Gross revenue				(-)/
မှ	2	Cash prizes				
sesued	3	Non-cash prizes				
ம்	4	Rent/facility costs				
D D L	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	┌ Yes	Г Yes% Г No	_
	7	Direct expense summary Add line	es 2 through 5 in column ((d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	th of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspei	nded or terminated during	the tax year?	

7251 ohms lane minneapolis, mn 55439

mida associates

Sch G, Part I, Line 2b - ADDRESS for BENTZ WHALEY FLESSNER, INC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493225009295

OMB No 1545-0047

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

	Compie		•	1 990, Fait 14, line 21 of .	£2.		0-	en to Public
Department of the Treasury Internal Revenue Service	► Informatio	-	Attach to Form 990. rm 990) and its instructi	ions is at www.irs.gov/1	form990.			Inspection
Name of the organization		<u> </u>	,			Employer	identificatio	n number
ELIZABETH GLASER PEDIATRIC A	IDS FOUNDATION					95-419:	1698	
Part I General Informati	on on Grants an	d Assistance						
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	ssistance?						∀Yes
				Governments. Com rt II can be duplicated				s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Desc non-cash a		(h) Purpose of gran or assistance
See Additional Data Table								

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
SCH I, PART I, LINE 2	THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEES A PRE-AWARD ASSESSMENT OF THE GRANTEE DETERMINES AN INITIAL RISK LEVEL FOR FINANCIAL/ADMINISTRATIVE PERFORMANCE BASED ON THE INITIAL RISK LEVEL AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF CAPACITY BUILDING NEEDED MONITORING AND SUPPORT ARE CONDUCTED BY BOTH TECHNICAL STAFF AND OPERATIONS STAFF TECHNICAL STAFF MONITOR AND HELP IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS OPERATIONS STAFF SUCH AS AWARDS AND COMPLIANCE AND FINANCE STAFF REVIEW GRANTEES FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION ARE ALLOWABLE, ALLOCABLE, AND REASONABLE IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN								
SCH I, PART II, COLUMN H	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES								

Additional Data

Software ID:

Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African Medical and Research Foundation4 West 43rd Street New York, NY 10036	13-1867411	501(c)(3)	19,539				See Part IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Baylor College of Medicine One Baylor Plaza Houston, TX 77030	20-2951275	501(c)(3)	569,652				See Part IV		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Duke University324 Blackwell Street Durham, NC 27701	56-0532129	501(c)(3)	73,500				See Part IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Food for the Hungry Association Kenya7739 E Broadway 353 Tucson, AZ 85710	87-0317170	501(c)(3)	93,541				See Part IV		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
International Rescue Committee (IRC)122 East 42nd Street New York, NY 10168	13-5660870	501(c)(3)	158,645				See Part IV			

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
J F Kapnek Charitable Trust 936 Dewing Avenue Lafayette,CA 94549	23-7165692	501(c)(3)	264,473				See Part IV				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PATH2201 Westlake Avenue Seattle,WA 98121	91-1157127	501(c)(3)	72,218				See Part IV	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Pathfinder9 Galen Street Watertown, MA 02472	53-0235320	501(c)(3)	2,065,591				See Part IV	

Form 990, Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
University of New Mexico1 University of New Mexico Albuquerque, NE 87131	85-6000642	501(c)(3)	19,689				See Part IV				

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DLN: 93493225009295

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

Open to Public Inspection

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

95-4191698

Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut					
	unectors, trustees, officers, filefalling the CLO/Execut	.ive L	offector, regarding the items thethed in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensat	appl	y Do not check any boxes for methods			
	Compensation committee	~	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?					
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						Νo
c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of		-			
а	The organization?			5a		No
Ь	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," des			7		Νo
8	Were any amounts reported in Form 990, Part VII, pai					
	subject to the initial contract exception described in R	egula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection $53\ 4958-6(c)$?	ebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) 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

-	T			T		T	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part IIII 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

iso complete this part for any additional information								
Return Reference	Explanation							
SCH J, PART I, LINE 1A	THE FOUNDATION PAYS FOR THE HOUSING OF ALL OF ITS U S EXPATRIATES AND THIRD-COUNTRY NATIONALS LIVING AND WORKING IN SUB-SAHARAN AFRICA THESE AMOUNTS ARE INCLUDED IN COLUMN III OF SCHEDULE J, PART II ABOVE THESE INDIVIDUALS ARE PHILIP O'BRIEN, JEROEN VAN'T PAD BOSCH, ROLAND VAN DE VEN, FERNANDO MORALES, SUSAN MICHAELS-STRASSER, ALEXANDRE BOON, MOHAMMED MAHDI, INNOCENT HOVE, APOLINAIRE TIAM, SILVIA MIKUSOVA, AND NICOLE BUONO THE FOUNDATION ALSO MAKES TAX INDEMNIFICATION PAYMENTS FOR PHILIP O'BRIEN							
SCH J, PART I, LINE 3	IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE FOUNDATION HAS IN THE PAST ENGAGED A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AND HAS ENGAGED AN OUTSIDE ATTORNEY TO PROVIDE FURTHER GUIDANCE REGARDING THE PROPOSED COMPENSATION PACKAGE IN THE CURRENT YEAR, THE FOUNDATION REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILIAR SIZE AND GROSS REVENUE AND REVISITED THE DATA OBTAINED FROM THE AFOREMENTIONED EXECUTIVE RECRUITER FOR USE AS A BENCHMARK BASED ON THAT DATA, THE FOUNDATION'S BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, MET IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER DOCUMENTATION SUPPORTING THE DECISION THAT WAS MADE IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION							

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title		(i) Base Compensation	1 '	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
Lyons II Charles J, President and CEO	(ı) (ıı)	396,736 0	200,000	24,032 0	28,200 0	7,426 0	656,394	200,000	
1 Devine-Karlin Patricia, EVP, Ext Affairs & Bus Dev	(1) (11)	245,023	0	17,749 0	17,500 0	7,960	288,232	0 0	
2 Giphart Adriaantje, EVP, Med & Scientific Affairs	(I) (II)		0	17,860 0	17,500 0	9,758	274,315	0 0	
3 Hellmann Nicholas S, EVP, Med & Scientific Affairs	(I) (II)		0	24,431 0	12,629	281	194,722	0 0	
4 Kiley Bradley J, Chief Operating Officer	(I) (II)		0	29,062 0	18,200 0	6,823	311,570	0	
5 O'Brien Philip, EVP, Comm, Advocacy, Develop	(I) (II)		0	34,318 0	10,700	0	186,695	0 0	
6 Buono Nicole, Country Director, Malawi	(I) (II)		0	92,200	7,836 0	21,538	219,519	0 0	
7 Horner Douglas, VP, Awds, Comp & Int'L Ops	(I) (II)		0	15,824 0	15,250 0	9,720	241,016	0 0	
8 Lee Stephen, VP, Prog Imp & Cntry Mgmt	(I) (II)		0	17,874 0	13,670 0	3,102	2 246,370	0	
9 Mahdı Mohammed, Country Director, Swazıland	(I) (II)	104,343	0	60,142 0	7,903 0	6,302	178,690	0	
10 Mahomva Agnes, Country Director, Zimbabwe	(I) (II)		0	0	13,348	0	194,236	0	
11 Mathis Jill, VP, New Business Development	(I) (II)		0	17,740 0	11,220	4,951	193,572	0 0	
12 Morales Fernando, Country Director, Mozambique	(I) (II)		0	76,316 0	5,455 0	3,618	176,407	0 0	
13 Savosnick Peter, Sr Dir, Ctry Mgmt & Support	(I) (II)		0	97,709 0	10,348	9,447	267,151	. 0	
14 Simonds Robert J, VP, Prog Innov & Policy	(I) (II)		0	24,943 0	15,380 0	566 0	241,576	0 0	
15 Tiam Appolinaire, Country Director, Lesotho	(I) (II)		· · · · · · · · · · · · · · · · · · ·	,	1	I	1		
16 Van't Pad Bosch Jeroen, Country Director, Tanzania	(I) (II)		0	114,680 0	8,532 0	6,405	242,312		
17 Ward-Dahl Tamara L, VP, Admin and Human Resources	(I) (II)		0	23,552	15,183 0	9,720	248,618	0 0	
18 Boon Alexandre, Technical Director, Mozambique	(I) (II)		0	124,554 0	0	6,022	2 271,371	. 0	
19 Hove Innocent, Provincial Clinical Advisor	(I) (II)	80,444	0 0			12,697	228,312	0 0	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
21 Mikusova Silvia, Sr Tech Adv, Mozambique	(I) (II)	98,039 0	0 0	118,198 0	6,132 0	13,228 0	235,597 0	0 0
1 Moir Andrew, Dir, Int'l HR	(I) (II)	73,642 0	0 0	119,748 0	5,069 0	13,211 0	211,670 0	0
2 Van de Ven Roland, Techncal Director, Tanzania	(I) (II)	91,328 0	0 0	128,312 0	6,924 0	,	232,711	0 0

DLN: 93493225009295

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Noncash Contributions

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

Part I Types of Property			95	-4191698			
Part I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	nts
1 Art—Works of art							
2 Art—Historical treasures .							
Art—Fractional interests							
Books and publications							
Clothing and household goods							
Cars and other vehicles							
' Boats and planes							
Intellectual property							
Securities—Publicly traded .	X	5	20,943	COST			
Securities—Closely held stock .							
Securities—Partnership, LLC, or trust interests							
2 Securities—Miscellaneous							
Qualified conservation contribution—Historic structures							
Qualified conservation contribution—Other							
Real estate—Residential .							
Real estate—Commercial							
Real estate—O ther							
Collectibles							
Food inventory							
Drugs and medical supplies .							
Taxıdermy							
Historical artifacts							
Scientific specimens							
Archeological artifacts							
Other►(RLINE MILES)	X	1	25,028	COST			
Other►(EDICAL EQUIPMENT)	X	2	15,246	COST			
' Other ►()							
Other ► ()				<u> </u>			
 Number of Forms 8283 received by for which the organization completed 				9			
	•					Yes	No
Da During the year, did the organization							
it must hold for at least three years			, and which is not required	to be used			
for exempt purposes for the entire h		l [,]			30a		No
b If "Yes," describe the arrangement	ın Part II						
Does the organization have a gift ac					31	Yes	
2a Does the organization hire or use th contributions?		related organizations to s	olicit, process, or sell noi	ncash · · ·	32a		No
b If "Yes," describe in Part II							
If the organization did not report an describe in Part II	amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493225009295

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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

Return Reference	Explanation
FORM 990, PART III, LINE 4D	THE FOUNDATION'S OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S COMMUNICATIONS, EDUCATION, AND OUTREACH EFFORTS

Return Reference	Explanation
FORM 990, PART V, LINE 4B	FOREIGN COUNTRIES ARE CONGO (KINSHASA), COTE D'IVOIRE (IVORY COAST), KENYA, LESOTHO, MALAWI, MOZAMBIQUE, RWANDA, SOUTH AFRICA, SWAZILAND, SWITZERLAND, TANZANIA, UGANDA, ZAMBIA, AND ZIMBABWE

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE FOUNDATION'S GOVERNING BODY AS WELL AS FOUNDATION STAFF ARE ASKED TO SIGN A STATEMENT REQUIRING THEM TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS IN ADDITION, STAFF ARE MADE AWARE OF THE FOUNDATION'S POLICY UPON HIRING AND ARE ASKED TO DISCLOSE THE EXISTENCE OF ANY CONFLICTS OF INTEREST AT THAT TIME THE CURRENT POLICY, WHICH COVERS ALL FOUNDATION EMPLOYEES, REQUIRES THAT ALL PERSONNEL IMMEDIATELY NOTIFY THE VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION AS SOON AS POTENTIAL CONFLICTS ARISE. THE VP OF HUMAN RESOURCES AND ADMINISTRATION WILL THEN DETERMINE THE APPROPRIATE CHANNEL OF CONSIDERATION FOR THE CONFLICT AND RESPOND TO THE DISCLOSING PARTY BEFORE THE TRANSACTION IN QUESTION MAY BE CONSUMMATED. NON-RESPONSES ARE REVISITED BY APPROPRIATE MEMBERS OF MANAGEMENT.

L

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATIONS PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE FOUNDATION HAS IN THE PAST ENGAGED A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AND HAS ENGAGED AN OUTSIDE ATTORNEY TO PROVIDE FURTHER GUIDANCE REGARDING THE PROPOSED COMPENSATION PACKAGE. IN THE CURRENT YEAR, THE FOUNDATION REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILIAR SIZE AND GROSS REVENUE AND REVISITED THE DATA OBTAINED FROM THE AFOREMENTIONED EXECUTIVE RECRUITER FOR USE AS A BENCHMARK. BASED ON THAT DATA, THE FOUNDATION'S BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, MET IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER. DOCUMENTATION SUPPORTING THE DECISION THAT WAS MADE IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	IN ORDER TO DETERMINE AND ENSURE EQUITABLE COMPENSATION PACKAGES FOR THE FOUNDATIONS OFFICERS AND KEY EMPLOYEES, THE FOUNDATION ENGAGED A GLOBAL COMPENSATION CONSULTING FIRM TO HELP ESTABLISH A GLOBAL SALARY STRUCTURE, IDENTIFY KEY POSITIONS AND MATCH THEM TO RELEVANT COMPENSATION SURVEYS TO ENSURE THE APPROPRIATE PLACEMENT OF POSITIONS WITHIN THE SALARY STRUCTURE, AND TO ANALYZE EMPLOYEES INDIVIDUAL COMPENSATION LEVELS, BASED ON PERFORMANCE AND RELEVANT EXPERIENCE. IN ADDITION, THROUGHOUT THE YEAR, THE FOUNDATION HAS UTILIZED SURVEY DATA FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AS WELL AS REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATONS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AS WELL AS ITS IRS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN CONTRIBUTION RECEIVABLES DUE TO CHANGE IN DONOR'S INTENTION AND CIRCUMSTANCES - 650,000