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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the **2009** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	<b>D</b> Employer identification number <b>58-2033460</b>
	Doing Business As	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>584 BROADWAY 906</b>	<b>E</b> Telephone number <b>(212) 219-0670</b>
	City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10012</b>	<b>G</b> Gross receipts \$ <b>8,060,057.</b>
	<b>F</b> Name and address of principal officer <b>SCOTT P. CAMPBELL</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶

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

**J** Website: **WWW.EJAF.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **1992** **M** State of legal domicile: **GA**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,209,809.</b>	<b>6,703,357.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>280,403.</b>	<b>110,371.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;84,267.&gt;</b>	<b>&lt;557,960.&gt;</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,405,945.</b>	<b>6,255,768.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,376,034.</b>	<b>5,372,703.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>404,455.</b>	<b>417,842.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>174,270.</b>		
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)	<b>488,041.</b>	<b>539,613.</b>
	<b>18</b> Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,268,530.</b>	<b>6,330,158.</b>
	<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>&lt;862,585.&gt;</b>	<b>&lt;74,390.&gt;</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,710,836.</b>	<b>7,622,184.</b>
<b>Net Assets or Fund Balances</b>	<b>22</b> Net assets or fund balances: Subtract line 21 from line 20		<b>145.</b>
		<b>7,710,836.</b>	<b>7,622,039.</b>

## Part II Signature Block

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

**Sign Here** ▶ *M. Michele Burns* **Date** **11/7/11**  
Signature of officer

▶ **M. MICHELE BURNS, TREASURER**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ <i>Negand E. Hakeren</i>	Date <b>JUN 06 2011</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>900748185</b>
Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ <b>DELOITTE TAX LLP</b> <b>191 PEACHTREE STREET NE, SUITE 2000</b> <b>ATLANTA, GA 30303</b>	EIN ▶ <b>404-220-1500</b>		

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

SCANNED JUN 30 2011

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
THE ELTON JOHN AIDS FOUNDATION (EJAF) SUPPORTS INNOVATIVE HIV  
PREVENTION PROGRAMS, EFFORTS TO ELIMINATE STIGMA AND DISCRIMINATION  
ASSOCIATED WITH HIV/AIDS, AND DIRECT CARE AND SUPPORT SERVICES FOR  
PEOPLE LIVING WITH HIV/AIDS ACROSS THE UNITED STATES, THE AMERICAS,
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,468,657. including grants of \$ 2,095,059. ) (Revenue \$ )  
SUPPORT FOR YOUTH AND SEXUAL HEALTH: IN THE UNITED STATES, HALF OF ALL  
NEW HIV INFECTIONS ARE AMONG PEOPLE UNDER THE AGE OF 25. SURVEYS  
CONTINUE TO SHOW APPROXIMATELY HALF OF HIGH SCHOOL STUDENTS REPORTING  
THAT THEY HAVE HAD SEXUAL INTERCOURSE, AND A THIRD OF HIGH SCHOOL  
STUDENTS REPORTING THAT THEY ARE CURRENTLY SEXUALLY ACTIVE.

4b (Code: ) (Expenses \$ 2,032,608. including grants of \$ 1,725,000. ) (Revenue \$ )  
SUPPORT FOR THE CARIBBEAN AND LATIN AMERICA: AS MANY AS 320,000 PEOPLE  
ARE LIVING WITH HIV IN THE CARIBBEAN AND AN ADDITIONAL 1.5 MILLION IN  
LATIN AMERICA. THE CARIBBEAN IS THE SECOND-MOST HIV/AIDS AFFECTED  
REGION IN THE WORLD AFTER SUB-SAHARAN AFRICA. IN 2007 ALONE, MORE THAN  
25,000 PEOPLE IN THE CARIBBEAN AND MORE THAN 100,000 IN LATIN AMERICA  
WERE NEWLY INFECTED WITH THE VIRUS.

4c (Code: ) (Expenses \$ 671,677. including grants of \$ 570,028. ) (Revenue \$ )  
SUPPORT FOR MEN WHO HAVE SEX WITH MEN: ACCORDING TO CDC DATA ON NEW  
HIV-INFECTIONS IN THE UNITED STATES, THE MOST PREVALENT MODE OF HIV  
EXPOSURE AMONG HIV-INFECTED MEN CONTINUES TO BE SEXUAL CONTACT WITH  
OTHER MEN (51% IN 2005). A RECENT STUDY FOUND THAT 77% OF YOUNG MEN WHO  
TESTED HIV POSITIVE BELIEVED THEY WERE NOT INFECTED.

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 1,157,216. including grants of \$ 982,586. ) (Revenue \$ )

4e Total program service expenses ▶ \$ 6,330,158.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

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

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

Form 990 (2009)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	31	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3	
b	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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	N/A	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	

Form 990 (2009)

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

	Yes	No
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	11	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body? See Schedule O		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed: CA, GA, FL, NY, PA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SCOTT P. CAMPBELL - (212) 219-0670  
 584 BROADWAY, SUITE 906, NEW YORK, NY 10012

Form 990 (2009)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SIR ELTON JOHN CHAIRMAN		X		X				0.	0.	0.
M. MICHELE BURNS TREASURER		X		X				0.	0.	0.
BARRON SEGAR SECRETARY		X		X				0.	0.	0.
EDWINA BARBIS BOARD MEMBER		X						0.	0.	0.
DAVID FURNISH BOARD MEMBER		X						0.	0.	0.
ROBERT KEY BOARD MEMBER		X						0.	0.	0.
BILLIE JEAN KING BOARD MEMBER		X						0.	0.	0.
ILANA KLOSS BOARD MEMBER		X						0.	0.	0.
SARAH MCMULLEN BOARD MEMBER		X						0.	0.	0.
FRANK PRESLAND BOARD MEMBER		X						0.	0.	0.
JOHN SCOTT BOARD MEMBER		X						0.	0.	0.
SCOTT P. CAMPBELL EXECUTIVE DIRECTOR	40.00			X				246,100.	0.	22,468.





**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,129,638.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	150,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,423,719.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		6,703,357.				
<b>Program Service Revenue</b>	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			110,371.			110,371.
	4 Income from investment of tax exempt bond proceeds						
	5 Royalties			61,606.			61,606.
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ <855,183. > of contributions reported on line 1c). See Part IV, line 18	a	855,183.				
	b Less: direct expenses	b	178,744.				
	c Net income or (loss) from fundraising events			<932,261.>	<932,261.>		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	329,540.				
	b Less: cost of goods sold	b	16,845.				
	c Net income or (loss) from sales of inventory			312,695.	312,695.		
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			6,255,768.	<619,566.>	0.	171,977.	

532055  
02-04-10

Form 990 (2003)

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,372,703.	5,372,703.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	268,568.	161,141.	26,857.	80,570.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	109,390.	65,634.	10,939.	32,817.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	700.	420.	70.	210.
9 Other employee benefits	19,592.	11,755.	1,959.	5,878.
10 Payroll taxes	19,592.	11,755.	1,959.	5,878.
11 Fees for services (non-employees):				
a Management	29,766.	25,000.	2,383.	2,383.
b Legal				
c Accounting	24,762.	4,952.	12,381.	7,429.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,736.		19,736.	
g Other				
12 Advertising and promotion				
13 Office expenses	46,053.	18,421.	9,211.	18,421.
14 Information technology	10,360.	4,144.	2,072.	4,144.
15 Royalties				
16 Occupancy	25,138.	20,110.	5,028.	
17 Travel	3,252.	1,626.		1,626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	5,430.		5,430.	
22 Depreciation, depletion, and amortization				
23 Insurance	16,797.	13,438.	3,359.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>COMMUNICATION &amp; MKTG</b>	146,577.	146,577.		
b <b>BAMP ACT AGAINST AIDS</b>	73,562.	73,562.		
c <b>BANK CHARGES</b>	49,299.		49,299.	
d <b>GRANT MAKING/PROGR DVPT</b>	29,373.	29,373.		
e <b>DEVELOPMENT - GENERAL</b>	19,887.	4,972.		14,915.
f All other expenses	39,621.	31,697.	7,924.	
25 Total functional expenses. Add lines 1 through 24f	6,330,158.	5,997,280.	158,608.	174,270.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	1,121,693.	1	1,091,909.
	2 Savings and temporary cash investments	4,799,611.	2	4,602,299.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	646.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	56,415.	7	56,415.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,076.		
	b Less: accumulated depreciation	10b 53,368.		
	11 Investments - publicly traded securities	24,138.	10c	18,708.
	12 Investments - other securities. See Part IV, line 11	1,686,967.	11	1,834,000.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	21,366.	14	18,853.
16 <b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	7,710,836.	15	7,622,184.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		16	
	18 Grants payable		17	
	19 Deferred revenue		18	145.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D		24	
	26 <b>Total liabilities. Add lines 17 through 25</b>	0.	25	145.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	
	27 Unrestricted net assets	7,710,836.	27	7,622,039.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	7,710,836.	33	7,622,039.
	34 <b>Total liabilities and net assets/fund balances</b>	7,710,836.	34	7,622,184.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other MODFD. CASH  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes
- b Were the organization's financial statements audited by an independent accountant? Yes
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? See Schedule O  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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? Yes
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. N/A

	Yes	No
1		
2a		X
2b	X	
2c		X
2d		
3a		X
3b	N/A	

Form 990 (2008)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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

12

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6340797.	7607645.	8722834.	6209809.	6703357.	35584442.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	345,100.	3332148.	1337455.	1604200.	1184723.	7803626.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6685897.	10939793.	10060289.	7814009.	7888080.	43388068.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	535,000.	4658584.	1659945.	1107759.	1616047.	9577335.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	230,755.	173,631.	1758890.	1126943.	1407601.	4697820.
c Add lines 7a and 7b	765,755.	4832215.	3418835.	2234702.	3023648.	14275155.
8 Public support (Subtract line 7c from line 6)						29112913.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	6685897.	10939793.	10060289.	7814009.	7888080.	43388068.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,218.	27,170.	517,021.	322,701.	110,371.	990,481.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,218.	27,170.	517,021.	322,701.	110,371.	990,481.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	86,860.	194,924.	75,252.	71,027.	61,606.	489,669.
13 Total support (Add lines 9, 10c, 11, and 12)	6785975.	11161887.	10652562.	8207737.	8060057.	44868218.

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

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	64.89 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	63.43 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.21 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.14 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009



**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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		50,859.	47,144.	3,715.
e Other		21,217.	6,224.	14,993.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,708.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,255,768.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,330,158.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<74,390.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<74,390.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	8,045,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,804,289.
e	Add lines 2a through 2d	2e	1,804,289.
3	Subtract line 2e from line 1	3	6,241,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	14,407.
c	Add lines 4a and 4b	4c	14,407.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,255,768.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	8,134,447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,804,289.
e	Add lines 2a through 2d	2e	1,804,289.
3	Subtract line 2e from line 1	3	6,330,158.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,330,158.

**Part XIV Supplemental Information**

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

**PART XII, QUESTION 2D - SPECIAL EVENT EXPENSE AND EXPENSE FROM THE SALE OF**

**INVENTORY.**

**PART XII, QUESTION 4B - UNREALIZED LOSS ON INVESTMENTS**

**PART XIII, QUESTION 2D - SPECIAL EVENT EXPENSE AND EXPENSE FROM THE SALE**

**OF INVENTORY.**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	3,621,081.	2,001,330.	362,410.	5,984,821.
	2 Less: Charitable contributions	2,943,151.	1,828,077.	358,410.	5,129,638.
	3 Gross income (line 1 minus line 2)	677,930.	173,253.	4,000.	855,183.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	61,780.			61,780.
	7 Food and beverages	133,738.	118,200.		251,938.
	8 Entertainment				
	9 Other direct expenses	1,054,676.	416,509.	2,541.	1,473,726.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,787,444.
	11 Net income summary. Combine line 3, column (d), and line 10				<932,261.>

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

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

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_  
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_  
 c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a  
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number  
**58-2033460**

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

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

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR YOUTH 2000 M STREET, SUITE 750 WASHINGTON, DC 20036	52-1173950	501C3	75,000.	0.			YOUTH COMMUNITY
LEGIS P O BOX 184 SAN JUAN CAPISTRANO LOS ANGELES, CA 90693	33-0661931	501C3	50,000.	0.			DISCRETIONARY
AID FOR AIDS INTERNATIONAL, INC. 515 GREENWICH STREET NEW YORK, NY 10013	13-3954568	501C3	250,000.	0.			LATIN AMERICA
AIDS ACTION COMMITTEE 294 WASHINGTON STREET, 5TH FLOOR BOSTON, MA 02108	22-3707246	501C3	5,015.	0.			DISCRETIONARY
AIDS COMMUNITY RESEARCH INITIATIVE OF AMERICA - 230 WEST 38TH STREET, SEVENTEENTH FLOOR - NEW YORK, NY 10018	13-3632234	501C3	150,000.	0.			SOUTHERN US
AIDS FOUNDATION OF CHICAGO 200 W. JACKSON BLVD., SUITE 2200 CHICAGO, IL 60606	36-3412654	501C3	25,000.	0.			DISCRETIONARY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009



**Continuation Sheet for Schedule I (Form 990)**  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number  
**58-2033460**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 11238	13-6213516	501C3	200,000.	0.			PRISONS & YOUTH COMMUNITY MEN HAVING SEX WITH MEN,
AMPAR 130 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	13-3163817	501C3	405,015.	0.			CARRIBBEAN, LATIN AMERICA, SYRINGE ACCESS PROGRAM
APIA 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005	95-3842506	501C3	5,015.	0.			DISCRETIONARY
ASSOCIATION OF NURSES IN AIDS CARE 3538 RIDGEWOOD ROAD AKRON, OH 44333	58-1849791	501C3	37,450.	0.			SOUTHERN US
BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501C3	30,000.	0.			PRISON COMMUNITY
BERKELEY NEEDLE EXCHANGE EMERGENCY DISTRIBUTION - 830 UNIVERSITY AVENUE - BERKLEY, CA 94710	20-0529276	501C3	15,000.	0.			SYRINGE ACCESS PROGRAM
BLACK AIDS INSTITUTE 1833 W. 8TH STREET, SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C3	267,200.	0.			AFRICAN AMERICAN COMMUNITY
CAMBRIDGE CARES ABOUT AIDS 17 SELLERS ST. CAMBRIDGE, MA 02139	22-2977175	501C3	17,000.	0.			SYRINGE ACCESS PROGRAM

Schedule I-1 (Form 990) 2009

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

Name of the organization

**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number  
**58-2033460**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance		
CLINTON FOUNDATION HIV/AIDS INITIATIVE - 55 WEST 125TH STREET - NEW YORK, NY 10027	31-1580204	501C3	450,000.	0.			CARRIBBEAN		
COMMON GROUND-THE WESTSIDE HIV COMMUNITY CENTER - 2012 LINCOLN BLVD. - SANTA MONICA, CA 90405	95-4460765	501C3	25,000.	0.			SYRINGE ACCESS PROGRAM		
COMMUNITY AIDS RESOURCE, INC., DBA CARE RESOURCE - 3510 BISCAYNE BLVD./ #300 - MIAMI, FL 33137	59-2564198	501C3	40,000.	0.			MEN HAVING SEX WITH MEN, CARRIBBEAN, LATIN AMERICA, SYRINGE ACCESS PROGRAM		
FAMILY AND MEDICAL COUNSELING, INC. - 2041 MARTIN LUTHER KING JR. AVE. SUITE 303 - WASHINGTON, DC 20020	52-1073362	501C3	20,000.	0.			MEN HAVING SEX WITH MEN, YOUTH COMMUNITY		
FUND FOR PUBLIC HEALTH 291 BROADWAY, 17TH FLOOR NEW YORK, NY 10007	05-0539199	501C3	100,000.	0.			PRISON COMMUNITY		
GAY MEN'S HEALTH CRISIS (GMHC)	13-1130146	501C3	5,015.	0.			DISCRETIONARY		
HELPING INDIVIDUAL PROSTITUTES SURVIVE - 1109 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20018	52-1847137	501C3	16,000.	0.			SYRINGE ACCESS PROGRAM		
HIV EDUCATION & PREVENTION PROJECT OF ALAMEDA COUNTY - 5323 FOOTHILL BOULEVARD - OAKLAND, CA 94601	94-3025535	501C3	30,000.	0.			SYRINGE ACCESS PROGRAM		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I-1 (Form 990) 2009

**SCHEDULE 1-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

Employer identification number

**ELTON JOHN AIDS FOUNDATION, INC.**

**58-2033460**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HUMAN RIGHTS WATCH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	13-2875808	501C3	50,000.	0.			PRISON COMMUNITY	
INTERNATIONAL CENTER FOR RESEARCH ON WOMEN - 1120 20TH STREET, N.W. SUITE 500N - WASHINGTON, DC 20036	52-1081455	501C3	20,000.	0.			DISCRETIONARY	
KAISER FAMILY FOUNDATION 2400 SAND HILL ROAD MENLO PARK, CA 94025	94-6064808	501C3	425,000.	0.			CARRIBBEAN	
LIFELONG AIDS ALLIANCE 1002 E. SENECCA ST. SEATTLE, WA 98122	91-1215715	501C3	5,015.	0.			DISCRETIONARY	
MS. FOUNDATION FOR WOMEN 12 METROTECH, 26TH FLOOR BROOKLYN, NY 11201	23-7252609	501C3	50,000.	0.			DISCRETIONARY	
NATIONAL AIDS FUND 729 15TH STREET NW, 9TH FLOOR WASHINGTON, DC 20005	52-1706646	501C3	1,425,000.	0.			CORR PARTNERSHIP	
NATIONAL URBAN TECHNOLOGY CENTER 80 HAIDEN LANE, SUITE 606 NEW YORK, NY 10038	13-3826279	501C3	150,000.	0.			YOUTH COMMUNITY	
NEW LEAP SERVICES FOR OUR COMMUNITY - 1390 MARKET STREET, SUITE 800 - SAN FRANCISCO, CA 94102	94-3059229	501C3	40,000.	0.			MEN HAVING SEX WITH MEN	

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

Schedule 1-1 (Form 990) 2009

**SCHEDULE I-1**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization  
**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number  
**58-2033460**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE, 3RD FLOOR BOSTON, MA 02215	04-3567502	501C3	300,000.	0.			CARRIBBEAN		
PATERSON COUNSELING CENTER INC. 319 MAIN STREET PATERSON, NJ 07505	22-2511885	501C3	22,000.	0.			SYRINGE ACCESS PROGRAM		
PHOENIX CENTER 109 E. LAWRENCE AVENUE SPRINGFIELD, IL 62704	37-1412187	501C3	25,000.	0.			SYRINGE ACCESS PROGRAM		
POINT DEFIANCE AIDS PROJECTS 535 DOCKT STREET, #112 TACOMA, WA 98402	91-2535394	501C3	35,000.	0.			SYRINGE ACCESS PROGRAM		
POSITIVE IMPACT 139 RALPH MCGILL BLVD SUITE 301 ATLANTA, GA 30308	58-1996675	501C3	39,999.	0.			MEN HAVING SEX WITH MEN		
PREVENTION POINT PHILADELPHIA 166 WEST LEHIGH AVE., LOWER LEVEL PHILADELPHIA, PA 19133	23-2663699	501C3	25,000.	0.			SYRINGE ACCESS PROGRAM		
PREVENTION WORKS 2501 BENNING ROAD, NE WASHINGTON, DC 20002	52-2127498	501C3	20,000.	0			SYRINGE ACCESS PROGRAM		
PUBLIC HEALTH FOUNDATION ENTERPRISES - 13801 CROSS ROADS PARKWAY, #200 - CITY OF INDUSTRY, CA 91746	95-2517063	501C3	25,000.	0.			SYRINGE ACCESS PROGRAM		

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number

**ELTON JOHN AIDS FOUNDATION, INC.**

58-2033460

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAN FRANCISCO AIDS FOUNDATION 995 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94103	94-2927405	501C3	45,015.	0.			MEN HAVING SEX WITH MEN		
SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES - 90 JOHN STREET, SUITE 704 - NEW YORK, NY 10038	13-2508249	501C3	40,000.	0.			YOUTH COMMUNITY		
SOUTH WEST LOUISIANA AIDS COUNCIL 1715 COMMON STREET LAKE CHARLES, LA 70601	71-1115522	501C3	39,466.	0.			SOUTHERN COMMUNITY		
ST. JAMES INFIRMARY 1372 MISSION STREET SAN FRANCISCO, CA 94103	94-3330568	501C3	10,000.	0.			SYRINGE ACCESS PROGRAM		
TARZANA TREATMENT CENTERS, INC. 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501C3	15,000.	0.			SYRINGE ACCESS PROGRAM		
TIDES CENTER PO BOX 39907 SAN FRANCISCO, CA 94129	94-3213100	501C3	350,000.	0.			LATIN AMERICA, CARIBBEAN		
TREATMENT ACTION GROUP 611 BROADWAY, SUITE 308 NEW YORK, NY 10012	13-3624785	501C3	20,000.	0.			DISCRETIONARY		
TRI-CITY HEALTH CENTER 39184 STATE STREET PRESHOMT, CA 94538	23-7255435	501C3	25,000.	0.			SYRINGE ACCESS PROGRAM		

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

Schedule I-1 (Form 990) 2009



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ELTON JOHN AIDS FOUNDATION, INC. REQUIRES THE SUBMISSION OF THE INTERIM AND FINAL REPORTS FROM ALL ORGANIZATIONS RECEIVING FUNDING. ADDITIONALLY, THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN-PERSON MEETINGS WITH GRANTEEES TO ASSESS THEIR PROGRESS.

GRANTS GIVEN TO THE FOLLOWING ORGANIZATIONS ARE MADE WITH THE INTENTION THAT THEY ARE BENEFITING PEOPLE IN SOUTH AMERICA AND THE CARIBBEANS: AIDS FOR AIDS NEW YORK, NY, AMFAR: THE FOUNDATION FOR AIDS RESEARCH, CARIBBEAN BROADCAST MEDIA PARTNERSHIP ON HIV/AIDS INITIATIVE,

**Part IV** Supplemental Information

COLLABORATIVE FUND FOR HIV TREATMENT PREPAREDNESS, THE U.S. FUND FOR  
UNICEF, AND TIDES CENTER.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

932111  
02-02-10



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number

**58-2033460**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	11	310,000.	COST OR SELLING PRIC
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( SEE PART II )		0	0.	SEE PART II
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) 2009

**Part II** **Supplemental information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): SCHEDULE M, PART I, COLUMN (B): THE  
ORGANIZATION RECEIVED VARIOUS NON-CASH CONTRIBUTIONS OF GOODS AND  
SERVICES ASSOCIATED WITH SPECIAL EVENTS. THESE ITEMS WERE NOT  
SEPARATELY VALUED FOR FINANCIAL STATEMENT PURPOSES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number  
58-2033460

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ELTON JOHN AIDS FOUNDATION (EJAF) SUPPORTS INNOVATIVE HIV  
PREVENTION PROGRAMS, EFFORTS TO ELIMINATE STIGMA AND DISCRIMINATION  
ASSOCIATED WITH HIV/AIDS, AND DIRECT CARE AND SUPPORT SERVICES FOR  
PEOPLE LIVING WITH HIV/AIDS ACROSS THE UNITED STATES, THE AMERICAS, AND  
THE CARIBBEAN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE CARIBBEAN.

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

SUPPORT FOR THE SOUTH: AS OF 2005, THE CDC REPORTED THAT HIV PREVALENCE  
RATES IN GEORGIA, FLORIDA, AND LOUISIANA HAD SURPASSED 200 PER 100,000  
PEOPLE. FEWER THAN HALF OF THE PEOPLE IN THE SOUTH WHO MEET GOVERNMENT  
CRITERIA FOR USE OF ANTIRETROVIRAL TREATMENT ARE LIKELY TO BE RECEIVING  
THESE DRUGS, AND A SIGNIFICANT SHARE OF PEOPLE WHO HAVE HIV AND AIDS  
ARE TESTED TOO LATE IN THE COURSE OF THE DISEASE TO BENEFIT FROM EARLY  
CARE.

EXPENSES \$267,380. INCLUDING GRANTS OF \$226,916. REVENUE \$0.

SUPPORT FOR INCARCERATED POPULATIONS: ACCORDING TO THE CDC MMWR, HIV  
PREVALENCE RATES AMONG PRISON POPULATIONS IN 2002 WAS OVER 1% IN  
FEDERAL PRISONS AND OVER 2% IN STATE PRISONS. AMONG 5,000 PRISONERS IN  
NEW YORK STATE, 7.2% OF MEN AND 13.6% OF WOMEN HAD HIV OR AIDS. IN  
FLORIDA, THE CORRESPONDING RATES WERE 3.6% AND 7.4%; IN GEORGIA, 2.3%  
AND 3.2%.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
532211  
02-09-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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EXPENSES \$212,098. INCLUDING GRANTS OF \$180,000. REVENUE \$0.

SUPPORT FOR AFRICAN AMERICANS: AS OF 2003, AFRICAN AMERICANS ACCOUNTED  
FOR AN ESTIMATED 50% OF NEW HIV INFECTIONS AND 40% OF ALL AIDS  
DIAGNOSES, AND AFRICAN AMERICANS HAVE THE HIGHEST CASE RATES OF ANY  
RACIAL OR ETHNIC GROUP-75.2 PER 100,000.

EXPENSES \$318,349. INCLUDING GRANTS OF \$267,200. REVENUE \$0.

SUPPORT FOR INJECTION DRUG USERS: IN 2005, AN ESTIMATED 6,000 AMERICANS  
WERE INFECTED WITH HIV BECAUSE OF SHARING SYRINGES AND OTHER  
INJECTION-DRUG EQUIPMENT, ACCOUNTING FOR 12% OF ALL NEW HIV INFECTIONS  
IN THE UNITED STATES FOR THAT YEAR.

EXPENSES \$359,389. INCLUDING GRANTS OF \$305,000. REVENUE \$0.

**OTHER GRANTS:**

EXPENSES \$1,157,216. INCLUDING GRANTS OF \$ 982,586. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD OF TRUSTEES OF THE ELTON  
JOHN AIDS FOUNDATION DOES NOT HAVE SEPARATE COMMITTEES. THE FULL BOARD  
MEETS TO ADDRESS FOUNDATION MATTERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE  
FOUNDATION'S TREASURER BEFORE FILING. AFTER FILING, THE 990 IS PRESENTED  
BY THE TREASURER AT THE FOUNDATION'S ANNUAL BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION PERIODICALLY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
5322:1  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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UPDATES CONFLICT OF INTEREST POLICIES AND REQUIRES THAT ALL INTERESTED  
PERSONS CERTIFY THAT THEY HAVE RECEIVED, READ, UNDERSTAND AND HAVE COMPLIED  
WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE FOUNDATION'S  
EXECUTIVE DIRECTOR WAS DETERMINED THROUGH THE FIELD REVIEW AND ANALYSIS  
CONDUCTED BY MERCER COUNSULTING. ONGOING REVIEW OF SAID COMPENSATION IS  
CONDUCTED BY THE BOARD TREASURER AND OTHER MEMBERS OF THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 IS AVAILABLE ON  
GUIDESTAR.ORG, CHARITYNAVIGATOR.ORG, AND WWW.EJAF.ORG. WHEN GOVERNING  
DOCUMENTS ARE MODIFIED THEY ARE INCLUDED WITH THE FORM 990. THE FORM 990  
IS AVAILABLE FOR PUBLIC INSPECTION AND POSTED ON CHARITYNAVIGATOR.ORG AND  
GUIDESTAR.ORG FOR THE TAX YEAR OF MODIFICATION. IN GENERAL, THE GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS ARE AVAILABLE TO  
THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C: MICHELE BURNS, TREASURER, OVERSEES THE AUDIT AND  
REPORTS THE RESULTS TO THE BOARD OF TRUSTEES

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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DESCRIPTION FOR AMENDMENTS: FORM 990, PART IX: THE ALLOCATION OF EXPENSES  
PRESENTED IN THE STATEMENT OF FUNCTIONAL EXPENSES HAS BEEN MODIFIED TO  
MORE APPROPRIATELY ALIGN WITH HOW THE ELTON JOHN AIDS FOUNDATION DIVIDES  
ITS EFFORTS BETWEEN PROGRAM SERVICE, MANAGEMENT AND GENERAL, AND  
FUNDRAISING ACTIVITIES.