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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ELTON JOHN AIDS FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

584 BROADWAY

Room/suite

906

City or town, state or country, and ZIP + 4

NEW YORK, NY 10012-3229

F Name and address of principal officer: SCOTT P. CAMPBELL

584 BROADWAY, SUITE 906, NEW YORK, NY 10012

D Employer identification number

58-2033460

E Telephone number

212-219-0670

G Gross receipts \$ 9,816,893.**H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ N/A**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (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**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,566,590.	Current Year 8,514,470.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,663.	112,673.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<706,431.>	<428,657.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,964,822.	8,198,486.
	13	Grants and similar amounts paid (Part IX, column (A), lines 13-15)	7,153,017.	7,760,536.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	449,601.	459,988.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 196,320.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,098,562.	1,743,000.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,701,180.	9,963,524.
	19	Revenue less expenses. Subtract line 18 from line 12	<736,358.>	<1,765,038.>
	20	Total assets (Part X, line 16)	Beginning of Current Year 6,886,026.	End of Year 5,125,765.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	345.	5,122.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,885,681.	5,120,643.

Part II Signature Block

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

Sign Here	Signature of officer <u>M. Michele Burns</u>		Date <u>6/13/13</u>	
	Type or print name and title M. MICHELE BURNS, TREASURER			
Paid Preparer Use Only	Print/Type preparer's name John W. Sadoff, Jr.	Preparer's signature <u>John W. Sadoff, Jr.</u>	Date 11/2/2012	Check <input type="checkbox"/> self-employed PTIN P00540589
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772		Phone no. 404-220-1500
	Firm's address ▶ 191 PEACHTREE STREET NE, SUITE 2000 ATLANTA, GA 30303			

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

☒ Yes ☐ No

9/16/13 6

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

THE ELTON JOHN AIDS FOUNDATION (EJAF) WORKS TO ACHIEVE AN AIDS-FREE GENERATION THROUGH INNOVATIVE HIV PREVENTION PROGRAMS, EFFORTS TO ELIMINATE STIGMA AND DISCRIMINATION ASSOCIATED WITH HIV/AIDS, AND DIRECT TREATMENT, CARE AND SUPPORT SERVICES FOR PEOPLE LIVING WITH

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,532,971. including grants of \$ 5,340,287.) (Revenue \$)

THE ELTON JOHN AIDS FOUNDATION AWARDED \$5,340,287 IN GRANTS TO HIV/AIDS RELATED PROGRAMS CONDUCTED IN THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.

4b (Code) (Expenses \$ 2,960,781. including grants of \$ 2,420,249.) (Revenue \$)

THE ELTON JOHN AIDS FOUNDATION AWARDED \$2,420,249 TO ORGANIZATIONS WITH HIV/AIDS RELATED PROGRAMS CONDUCTED OUTSIDE THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O FOR OTHER PROGRAM SERVICES

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,493,752.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	49	
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 (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
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?		
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?		
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.	7d	
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	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.	12												
b	Enter the number of voting members included in line 1a, above, who are independent	12												
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							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?		3											X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4											X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5											X
6	Did the organization have members or stockholders?		6											X
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											X
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											X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:													
a	The governing body?		8a							X				
b	Each committee with authority to act on behalf of the governing body?		8b							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		9											X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a													X
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								X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11b													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a								X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c								X					
13	Did the organization have a written whistleblower policy?	13								X					
14	Did the organization have a written document retention and destruction policy?	14													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	15a								X					
b	Other officers or key employees of the organization	15b								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?	16a													X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b													

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SCOTT CAMPBELL - (212) 219-0670**
584 BROADWAY, SUITE 906, NEW YORK, NY 10012-3229

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SIR ELTON JOHN FOUNDER	0.00	X		X				0.	0.	0.
(2) DAVID FURNISH CHAIRMAN	0.00	X		X				0.	0.	0.
(3) M. MICHELE BURNS TREASURER	0.00	X		X				0.	0.	0.
(4) BARRON SEGAR SECRETARY	0.00	X		X				0.	0.	0.
(5) ANNE ASLETT BOARD MEMBER	0.00	X						0.	0.	0.
(6) EDWINA BARBIS BOARD MEMBER	0.00	X						0.	0.	0.
(7) BILLIE JEAN KING BOARD MEMBER	0.00	X						0.	0.	0.
(8) ILANA KLOSS BOARD MEMBER	0.00	X						0.	0.	0.
(9) SARAH MCMULLEN BOARD MEMBER	0.00	X						0.	0.	0.
(10) THOMAS E. MOORE III BOARD MEMBER	0.00	X						0.	0.	0.
(11) FRANK PRESLAND BOARD MEMBER	0.00	X						0.	0.	0.
(12) JOHN SCOTT BOARD MEMBER	0.00	X						0.	0.	0.
(13) SCOTT P. CAMPBELL EXECUTIVE DIRECTOR	60.00			X				258,914.	0.	25,365.

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,683,259.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	760,106.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,071,105.	SEE SCHEDULE O			
	g Noncash contributions included in lines 1a-1f \$		1,441,042.				
	h Total. Add lines 1a-1f			8,514,470.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			106,584.			106,584.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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)			6,089.	6,089.		
	8 a Gross income from fundraising events (not including \$ 5,683,259. of contributions reported on line 1c). See Part IV, line 18	a		1189750.			
	b Less: direct expenses	b		1618407.			
	c Net income or (loss) from fundraising events			<428,657.>			<428,657.>
	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					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				8,198,486.	6,089.	0.	<322,073.>

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)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,210,536.	7,210,536.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	550,000.	550,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	284,279.	170,567.	28,428.	85,284.
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	126,710.	76,026.	12,671.	38,013.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	3,360.	2,016.	336.	1,008.
9 Other employee benefits	23,757.	14,254.	2,376.	7,127.
10 Payroll taxes	21,882.	13,129.	2,188.	6,565.
11 Fees for services (non-employees).				
a Management	2,180.	436.	1,090.	654.
b Legal				
c Accounting	24,058.	4,812.	12,029.	7,217.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,338.		15,338.	
g Other				
12 Advertising and promotion				
13 Office expenses	166,394.		149,960.	16,434.
14 Information technology	7,289.		7,289.	
15 Royalties				
16 Occupancy	70,162.	56,130.	14,032.	
17 Travel				
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				
22 Depreciation, depletion, and amortization	95,249.	71,961.	23,288.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GREATER THAN AIDS EXPEN	531,754.	531,754.		
b GRANT MAKING/PROGRAM DE	519,618.	489,582.		30,036.
c COMMUNICATION & MARKETI	216,427.	213,927.		2,500.
d DEVELOPMENT GENERAL	52,162.	52,162.		
e All other expenses	42,369.	36,460.	4,427.	1,482.
25 Total functional expenses. Add lines 1 through 24e	9,963,524.	9,493,752.	273,452.	196,320.
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)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,203,679.	1	1,450,001.
	2 Savings and temporary cash investments	1,728,141.	2	2,235,258.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		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)), 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)		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 75,686.		
	b Less: accumulated depreciation	10b 62,351.	10c 15,877.	13,335.
	11 Investments - publicly traded securities	3,837,464.	11	1,351,306.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	44,450.	15	19,450.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,886,026.	16	5,125,765.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue	345.	19	5,122.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	345.	26	5,122.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. SEE SCHEDULE O			
	27 Unrestricted net assets	6,885,681.	27	4,985,742.
	28 Temporarily restricted net assets		28	134,901.
	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 Total net assets or fund balances	6,885,681.	33	5,120,643.
34 Total liabilities and net assets/fund balances	6,886,026.	34	5,125,765.	

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,198,486.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,963,524.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,765,038.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,885,681.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,120,643.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate basis, consolidated 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2011)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8722834.	6209809.	6703357.	8566590.	8514470.	38717060.
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	1337455.	1604200.	1184723.	755,930.	1189750.	6072058.
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	10060289.	7814009.	7888080.	9322520.	9704220.	44789118.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1659945.	1107759.	1616047.	1577392.	928,270.	6889413.
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	1758890.	1126943.	1407601.	1931852.	2058768.	8284054.
c Add lines 7a and 7b	3418835.	2234702.	3023648.	3509244.	2987038.	15173467.
8 Public support. (Subtract line 7c from line 6.)						29615651.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	10060289.	7814009.	7888080.	9322520.	9704220.	44789118.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	517,021.	322,701.	110,371.	104,663.	106,584.	1161340.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	517,021.	322,701.	110,371.	104,663.	106,584.	1161340.
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.)	75,252.	71,027.	61,606.	149,445.		357,330.
13 Total support. (Add lines 9, 10c, 11, and 12.)	10652562.	8207737.	8060057.	9576628.	9810804.	46307788.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	63.95 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	60.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.51 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.27 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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 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. ▶ See separate instructions.

OMB No 1545-0047

2011Open 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 6.

	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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, and not on a historic structure listed in the National Register	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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		54,469.	47,641.	6,828.
e Other		21,217.	14,710.	6,507.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,335.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053
01-23-12

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	8,198,486.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,963,524.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,765,038.>
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,765,038.>

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	9,816,893.
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	1,618,407.
e	Add lines 2a through 2d	2e	1,618,407.
3	Subtract line 2e from line 1	3	8,198,486.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,198,486.

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

1	Total expenses and losses per audited financial statements	1	11,581,931.
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	1,618,407.
e	Add lines 2a through 2d	2e	1,618,407.
3	Subtract line 2e from line 1	3	9,963,524.
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	9,963,524.

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 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, QUESTION 2D - SPECIAL EVENT EXPENSE**PART XIII, QUESTION 2D - SPECIAL EVENT EXPENSE**

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**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. ► See separate instructions.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
UNITED KINGDOM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	500,000.
HAITI	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	50,000.
3 a Sub-total	0	0			550,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			550,000.

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

Schedule F (Form 990) 2011

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 additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2011

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: ELTON JOHN AIDS FOUNDATION, INC. REGULARLY EVALUATES ITS GRANT-MAKING PRIORITIES WITHIN THE CONTEXT OF THE EVER-CHANGING CHALLENGES AND NEEDS OF THE EVOLVING HIV/AIDS EPIDEMIC, TARGETING ITS GRANT AWARDS WHERE THEY WILL MAKE THE GREATEST IMPACT. ELTON JOHN AIDS FOUNDATION, INC. HAS EXPANDED NOT ONLY THE AMOUNT OF MONEY GIVEN BUT ALSO STRATEGICALLY TARGETTED KEY POPULATIONS THAT ARE POORLY SERVED BY CURRENT PREVENTION EFFORTS AND MOST AT RISK OF INFECTION INCLUDING: CRITICALLY UNDER-FUNDED COMMUNITIES OF THE SOUTHERN UNITED STATES, THE CARIBBEAN, AND LATIN AMERICA. ELTON JOHN AIDS FOUNDATION, INC. REQUIRES THE SUBMISSION OF 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AN ENDURING VISION (event type)	ACADEMY AWARD PARTY (event type)	1 (total number)	
Revenue	1 Gross receipts	2,469,315.	4,104,959.	298,735.	6,873,009.
	2 Less: Charitable contributions	2,122,515.	3,262,009.	298,735.	5,683,259.
	3 Gross income (line 1 minus line 2)	346,800.	842,950.		1,189,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		93,848.		93,848.
	7 Food and beverages	126,075.	191,774.		317,849.
	8 Entertainment				
	9 Other direct expenses	289,591.	914,878.	2,242.	1,206,711.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(1,618,408.)
11 Net income summary. Combine line 3, column (d), and line 10.				<428,658.>	

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				
	2 Cash prizes				
Direct Expenses	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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

132663 01-23-12	80	Schedule D (Form 990 of 990-EZ/2011)
12460530 132646 58-2033460	2011.05080 ELTON JOHN AIDS FOUNDATION, 58-20331	

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

OMB No 1545-0047

2011Open to Public
Inspection**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AEGIS 32302 ALIPAZ #267 PO BOX 184 SAN JUAN CAPISTRANO, CA 92693-0184	33-0661931	501C3	25,000.	0.			HIV TREATMENT AND PREVENTION INFORMATION
AID FOR AIDS INTERNATIONAL, INC. 515 GREENWICH ST NEW YORK, NY 10013	13-3954568	501C3	125,000.	0.			LATIN AMERICA
AIDS ACTION COMMITTEE OF MASSACHUSETTS - 75 AMORY STREET - BOSTON, MA 2119	22-2707246	501C3	21,250.	0.			INJECTION DRUG USERS
AIDS ALABAMA 3521 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501C3	25,000.	0.			SOUTHERN UNITED STATES
AIDS CARE CENTER FOR EDUCATION & SUPPORT SERVICES - 222 WEST 21ST STREET SUITE F-308 - NORFOLK, VA 23517	54-1645157	501C3	75,000.	0.			DOMESTIC MSM INITIATIVE
AIDS COMMUNITY RESEARCH INITIATIVE OF AMERICA - 230 WEST 38TH STREET, 17TH FLOOR - NEW YORK, NY 10018	13-3632234	501C3	150,000.	0.			SOUTHERN UNITED STATES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							▶ 114.
3 Enter total number of other organizations listed in the line 1 table							▶

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

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Part II 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
AIDS FOUNDATION OF CHICAGO 200 W. JACKSON BLVD, SUITE 220 CHICAGO, IL 60606	36-3412054	501C3	25,000.	0.			HIV PREVENTION
AIDS FOUNDATION OF CHICAGO 200 W. JACKSON BLVD, SUITE 220 CHICAGO, IL 60606	36-3412054	501C3	37,600.	0.			INJECTION DRUG USERS
AIDS PROJECT HARTFORD 110 BARTHOLOMEW, SUITE 3050 HARTFORD, CT 06106-2251	06-1188947	501C3	21,250.	0.			INJECTION DRUG USERS
AIDS RESOURCE CENTER OHIO 15 WEST FOURTH STREET, SUITE 200 DAYTON, OH 45402	31-1256541	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
AIDS TASKFORCE OF GREATER CLEVELAND INC - 3210 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612	501C3	17,500.	0.			INJECTION DRUG USERS
AIDS TASKFORCE OF GREATER CLEVELAND INC - 3210 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612	501C3	77,830.	0.			INJECTION DRUG USERS
AIDS/HIV SERVICES GROUP (ASG) 953 SECOND STREET SOUTHEAST CHARLOTTESVILLE, VA 22902	52-1602516	501C3	32,000.	0.			DOMESTIC MSM INITIATIVE
ALASKAN AIDS ASSISTANCE ASSOCIATION (FOUR A'S) - 1057 W FIREWEED LN, SUITE 102 - ANCHORAGE, AK 99503	92-0113788	501C3	12,000.	0.			INJECTION DRUG USERS
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 11238	13-6213516	501C3	50,000.	0.			YOUTH AND SEXUAL HEALTH

Schedule I (Form 990)

(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
AMFAR, THE FOUNDATION FOR AIDS RESEARCH - 120 WALL STREET, 13TH FLOOR - NEW YORK, NY 10005	13-3163817	501C3	150,000.	0.			CARIBBEAN/MSM
AMFAR, THE FOUNDATION FOR AIDS RESEARCH - 120 WALL STREET, 13TH FLOOR - NEW YORK, NY 10005	13-3163817	501C3	250,000.	0.			LATIN AMERICA/MSM
ASSOCIATION OF NURSES IN AIDS CARE 3538 RIDGEWOOD ROAD AKRON, OH 44333	58-1849791	501C3	50,000.	0.			SOUTHERN UNITED STATES
ATLANTA HARM REDUCTION COALITION INC - PO BOX 92670 - ATLANTA, GA 30314	58-2227958	501C3	20,000.	0.			INJECTION DRUG USERS
BAILEY HOUSE INC BAILEY HOUSE 1751 PARK AVE NEW YORK, NY 10035	13-3165181	501C3	35,000.	0.			INCARCERATED POPULATIONS
BASIC NWFL INC 432 MAGNOLIA AVE PANAMA CITY, FL 32401	59-2994863	501C3	34,500.	0.			SOUTHERN UNITED STATES
BERKELEY NEEDLE EXCHANGE EMERGENCY DISTRIBUTION - 2339 DURANT AVENUE - BERKELEY, CA 94704	20-5385547	501C3	15,000.	0.			INJECTION DRUG USERS
BLACK AIDS INSTITUTE 1833 W 8TH STREET, SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C3	200,000.	0.			AFRICAN AMERICANS
BORDER AIDS PARTNERSHIP PO BOX 272 EL PASO, TX 79943	20-5385547	501C3	20,000.	0.			INJECTION DRUG USERS

Part II 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
CARIBBEAN BROADCAST MEDIA PARTNERSHIP ON HIV/AIDS	11-1111111	501C3	75,000.	0.			CARIBBEAN
CHICAGO RECOVERY ALLIANCE 3110 WEST TAYLOR STREET CHICAGO, IL 60612-3944	36-3809778	501C3	21,250.	0.			INJECTION DRUG USERS
CITIWIDE HARM REDUCTION PROGRAM, INC - 226 EAST 144TH STREET - BRONX, NY 10451	13-4009817	501C3	15,000.	0.			INJECTION DRUG USERS
CLINTON HEALTH ACCESS INITIATIVE 55 WEST 125TH STREET NEW YORK, NY 10027	31-1580204	501C3	447,000.	0.			CARIBBEAN
COLORADO HEALTH NETWORK D.B.A COLORADO AIDS PROJECT - 2490 W 26TH AVENUE SUITE A300 - DENVER, CO 80211	84-0961159	501C3	21,250.	0.			INJECTION DRUG USERS
COMMON GROUND - THE WESTSIDE HIV COMMUNITY CENTER - 2012 LINCOLN BLVD - SANTA MONICA, CA 90405	95-4460765	501C3	20,000.	0.			INJECTION DRUG USERS
COMPASS, INC 201 N. DIXIE HIGHWAY LAKE WORTH, FL 33460	65-0062657	501C3	35,000.	0.			DOMESTIC MSM INITIATIVE
CORRECTIONAL ASSOCIATION OF NY 2090 ADAM CLAYTON POWELL BLVD NEW YORK, NY 11215-5341	13-5562324	501C3	50,000.	0.			INCARCERATED POPULATIONS
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102-4541	95-2833205	501C3	19,125.	0.			INJECTION DRUG USERS

Schedule I (Form 990)

Schedule I (Form 990) **ELTON JOHN AIDS FOUNDATION, INC.**

58-2033460

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Part II 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
FAN FREE CLINIC 1010 NORTH THOMPSON STREET, PO BOX RICHMOND, VA 23230	54-0927792	501C3	50,000.	0.			INCARCERATED POPULATIONS
GAY AND LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC - 2040 N DIXIE HIGHWAY - WILTON MANORS, FL	65-0431045	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
HARLEM UNITED COMMUNITY AIDS CENTER INC - 306 LENOX AVENUE, 3RD FLOOR - NEW YORK, NY 10027	13-3461695	501C3	75,000.	0.			DOMESTIC MSM INITIATIVE
HEALTH AND HOME SUPPORT SERVICES INC - 3110 CHESTNUT AVE - NEWPORT NEWS, VA 23607	54-1904086	501C3	50,000.	0.			INCARCERATED POPULATIONS
ADVOCATES FOR YOUTH 2000 M STREET, NW SUITE 750 WASHINGTON, DC 20036	52-1173950	501C3	75,000.	0.			YOUTH AND SEXUAL HEALTH
AIDS UNITED 1424 K STREET, N.W., SUITE 200 WASHINGTON, DC 20005	52-1706646	501C3	1,300,000.	0.			NATIONAL HIV INITIATIVES
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 11238	13-6213516	501C3	150,000.	0.			INCARCERATED POPULATION
AMFAR, THE FOUNDATION FOR AIDS RESEARCH - 120 WALL STREET, 13TH FLOOR - NEW YORK, NY 10005	13-3163817	501C3	90,000.	0.			INJECTION DRUG USERS
COMMUNITY AIDS RESOURCE INC, DBA CARE RESOURCE - 3510 BISCAYNE BLVD #300 - MIAMI, FL 33137	59-2564198	501C3	40,000.	0.			DOMESTIC MSM INITIATIVE

Schedule I (Form 990)

Schedule I (Form 990) ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

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Part II 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
COMMUNITY HEALTH AWARENESS GROUP 1300 WEST FORT STREET DETROIT, MI 48226-3007	38-2704374	501C3	21,250.	0.			INJECTION DRUG USERS
GREATER RICHMOND INTERFAITH PROGRAM (COMMUNITY HEALTH EMPOWERMENT/EXCHANGE) - 305 CHESLEY AVENUE - RICHMOND, CA	23-7169239	501C3	25,000.	0.			INJECTION DRUG USERS
HEALTH OUTREACH PREVENTION EDUCATION (H.O.P.E.) - 3540 E. 31ST STREET, SUITE 3 - TULSA, OK 74135	73-1537952	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
HEALTH PEOPLE INC 552 SOUTHERN BLVD BRONX, NY 10455	51-0418243	501C3	50,000.	0.			INCARCERATED POPULATIONS
HEAT PROGRAM/RESEARCH FOUNDATION OF SUNY - 760 PARKSIDE AVENUE ROOM 308 - BROOKLYN, NY 11226	14-1368361	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
HELPING INDIVIDUAL PROSTITUTES SURVIVE (HIPS) - 1309 RHODE ISLAND AVENUE NE #2B - WASHINGTON, DC 20018	52-1847137	501C3	16,000.	0.			INJECTION DRUG USERS
HELPING INDIVIDUAL PROSTITUTES SURVIVE (HIPS) - 1309 RHODE ISLAND AVENUE NE #2B - WASHINGTON, DC 20018	52-1847137	501C3	15,000.	0.			INJECTION DRUG USERS
HIV COLLABORATIVE FUND AT TIDES CENTER - 55 EXCHANGE PLACE #402 - NEW YORK, NY 10004	94-3213100	501C3	75,000.	0.			CARIBBEAN
HIV COLLABORATIVE FUND AT TIDES CENTER - 540 PRESIDENT STREET, 3RD FLOOR - BROOKLYN, NY 11215	94-3213100	501C3	150,000.	0.			LATIN AMERICA

Schedule I (Form 990)

Schedule I (Form 990) ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

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Part II 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
HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY (HEPPAC) - PO BOX 7522 - OAKLAND, CA 94610	94-3025535	501C3	20,000.	0.			INJECTION DRUG USERS
HIV/AIDS EMPOWERMENT RESOURCE CENTER FOR YOUNG WOMEN INC - 236 AUBURN AVENUE NE, SUITE 200 - ATLANTA, GA 30303	56-2587827	501C3	34,172.	0.			YOUTH AND SEXUAL HEALTH
HOUSING WORKS INC 57 WILLOUGHBY STREET, 2ND FLOOR BROOKLYN, NY 11201	13-3584089	501C3	98,249.	0.			CARIBBEAN
HOWARD CENTER INC 208 FLYNN STREET, SUITE 3J BURLINGTON, VT 05401-5420	03-0179433	501C3	25,000.	0.			INJECTION DRUG USERS
INTERIOR AIDS ASSOCIATION PO BOX 71248 FAIRBANKS, AK 99707	92-0127274	501C3	5,000.	0.			INJECTION DRUG USERS
JACKSONVILLE AREA SEXUAL MINORITY YOUTH NETWORK INC - PO BOX 380103 - JACKSONVILLE, FL 32205	59-3284175	501C3	40,000.	0.			DOMESTIC MSM INITIATIVE
KAISER FAMILY FOUNDATION/CARIBBEAN BROADCAST MEDIA PARTNERSHIP ON HIV/AIDS - 2400 SAND HILL ROAD - MENLO PARK, CA 94025	94-6064808	501C3	350,000.	0.			DOMESTIC MSM INITIATIVE
KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, KS 64111	43-0967292	501C3	12,500.	0.			INJECTION DRUG USERS
LOWER EAST SIDE HARM REDUCTION HARM - 25 ALLEN STREET - NEW YORK, NY 10002	13-3767241	501C3	12,000.	0.			INJECTION DRUG USERS

Schedule I (Form 990)

Schedule I (Form 990) **ELTON JOHN AIDS FOUNDATION, INC.**

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Part II 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
MENDOCINO COUNTY AIDS VOLUNTEER NETWORK - PO BOX 1350 - UKIAH, CA 95482-1350	68-0159027	501C3	14,875.	0.			INJECTION DRUG USERS
MICHAEL REESE RESEARCH AND EDUCATION FOUNDATION - 2240 W OGDEN, 2ND FLOOR - CHICAGO, IL 60612	36-3761674	501C3	37,950.	0.			DOMESTIC MSM INITIATIVE
MINNESOTA TRANSGENDER HEALTH COALITION - 3909 21ST AVENUE SOUTH - MINNEAPOLIS, MN 55407	20-3776010	501C3	5,000.	0.			INJECTION DRUG USERS
NC AIDS ACTION NETWORK BOX 25044 RALEIGH, NC 27611-5044	32-0323779	501C3	50,000.	0.			SOUTHERN UNITED STATES
NCCI/THE CENTER FOR HIV LAW AND POLICY - 65 BROADWAY, SUITE 832 - NEW YORK, NY 10006	02-0590588	501C3	50,000.	0.			INCARCERATED POPULATIONS
NCCI/THE CENTER FOR HIV LAW AND POLICY - 65 BROADWAY, SUITE 832 - NEW YORK, NY 10006	02-0590588	501C3	50,000.	0.			YOUTH AND SEXUAL HEALTH
NEW YORK HARM REDUCTION EDUCATORS INC	13-3678499	501C3	17,000.	0.			INJECTION DRUG USERS
NEW YORK - PRESBYTERIAN HOSPITAL	13-3957095	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
NYU SCHOOL OF MEDICINE	13-5562308	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE

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Schedule I (Form 990) **ELTON JOHN AIDS FOUNDATION, INC.**

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Part II 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
OKALOOSA AIDS SUPPORT AND INFORMATIONAL SERVICES INC (OASIS) - 4 JACKSON STREET NE - FT WALTON BEACH, FL 32548	59-3089946	501C3	75,000.	0.			DOMESTIC MSM INITIATIVE
ONELIVING INC PO BOX 691869 WEST HOLLYWOOD, CA 90069	27-5087542	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
OUT YOUTH 909 E 49TH STREET AUSTIN, TX 78751	74-2732971	501C3	25,000.	0.			DOMESTIC MSM INITIATIVE
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE, 3RD FLOOR BOSTON, MA 2215	04-3567502	501C3	500,000.	0.			CARIBBEAN
PLANNED PARENTHOOD GULF COAST 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501C3	25,000.	0.			SOUTHERN UNITED STATES
PLANNED PARENTHOOD OF GREATER ORLANDO INC - 726 S TAMPA AVE - ORLANDO, FL 32805	59-3092996	501C3	25,000.	0.			YOUTH AND SEXUAL HEALTH
PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA - 515 NEWTON ROAD - VIRGINIA BEACH, VA 23462	54-0929058	501C3	45,000.	0.			YOUTH AND SEXUAL HEALTH
POINT DEFIANCE AIDS PROJECT/NORTH AMERICAN EXCHANGE - 535 DOCKET STREET #112 - TACOMA, WA 98402	91-2535394	501C3	8,500.	0.			INJECTION DRUG USERS
POINT DEFIANCE AIDS PROJECT/NORTH AMERICAN EXCHANGE (PROJECT SAFE) - 535 DOCKET STREET #112 - TACOMA, WA 98402	91-2535394	501C3	10,625.	0.			INJECTION DRUG USERS

Schedule I (Form 990)

Schedule I (Form 990) ELTON JOHN AIDS FOUNDATION, INC.		58-2033460		Page			
Part II 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
POINT DEFIANCE AIDS PROJECT/NORTH AMERICAN EXCHANGE(ST OUTREACH SUPPORTERS) - 535 DOCKET STREET #112 - TACOMA , WA 98402	91-2535394	501C3	5,000.	0.			INJECTION DRUG USERS
POINT DEFIANCE AIDS PROJECT/NORTH AMERICAN EXCHANGE - 535 DOCKET STREET #112 - TACOMA, WA 98402	91-2535394	501C3	32,500.	0.			INJECTION DRUG USERS
POINTS OF DISTRIBUTION 1370 MISSION STREET SAN FRANCISCO , CA 94103	80-0285340	501C3	25,000.	0.			INJECTION DRUG USERS -
POSITIVE IMPACT INC 139 RALPH MCGILL BLVD, SUITE 301 ATLANTA, GA 30308	58-1996675	501C3	40,000.	0.			DOMESTIC MSM INITIATIVE
PREVENTION POINT PHILADELPHIA (PPP) - 166 WEST LEHIGH AVE, LOWER LEVEL - PHILADELPHIA, PA 19133	23-2663699	501C3	20,000.	0.			INJECTION DRUG USERS
PREVENTION POINT PITTSBURGH 907 WEST STREET, SUITE 5 PITTSBURGH, PA 15221-2841	25-1852314	501C3	20,000.	0.			INJECTION DRUG USERS
READING RISK REDUCTION INC 2701 ORCHARD VIEW RD READING , PA 19606-4426	23-3025926	501C3	5,000.	0.			INJECTION DRUG USERS
RESOURCE CENTER DALLAS 2701 REAGAN STREET DALLAS, TX 75219	75-1892059	501C3	38,000.	0.			DOMESTIC MSM INITIATIVE
SAFER ALTERNATIVES THROUGH NETWORKING AND EDUCATION - 8015 FREEPORT BLVD - SACRAMENTO , CA 95832	94-3390723	501C3	20,000.	0.			INJECTION DRUG USERS
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Schedule I (Form 990) ELTON JOHN AIDS FOUNDATION, INC.

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Part II 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		
SANTA FE MOUNTAIN CENTER INC PO BOX 449 TESUQUE, NM 87574-0449	85-0272388	501C3	14,874.	0.			INJECTION DRUG USERS		
SIXTEENTH STREET COMMUNITY HEALTH CENTER - 1337 SOUTH 16TH STREET, 2ND FLOOR - MILWAUKEE, WI 53204-2712	39-1180475	501C3	6,375.	0.			INJECTION DRUG USERS		
SOUTH JERSEY AGAINST AIDS INC DBA SOUTH JERSEY AIDS ALLIANCE - 19 GORDON'S ALLEY - ATLANTIC CITY, NJ 8401	22-2686586	501C3	5,000.	0.			INJECTION DRUG USERS		
SOUTHWEST LOUISIANA AIDS COUNCIL 1715 COMMON STREET LAKE CHARLES, LA 70601	71-1115522	501C3	40,000.	0.			SOUTHERN UNITED STATES		
ST HOPE FOUNDATION 3701 KIRBY, SUITE 1230 HOUSTON, TX 77098	20-5633590	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE		
ST JAMES INFIRMARY (SJI) 1372 MISSION ST SAN FRANCISCO, CA 94103	94-3330568	501C3	10,000.	0.			INJECTION DRUG USERS		
ST LUKES ROOSEVELT HOSPITAL CENTER 1111 AMSTERDAM AVE, STUYVESANT 7 NEW YORK, NY 10025	13-2997301	501C3	25,000.	0.			INCARCERATED POPULATIONS		
STAND INC 4319 COVINGTON HIGHWAY, SUITE 117-A DECATUR, GA 30035	58-2548153	501C3	40,000.	0.			INCARCERATED POPULATIONS		
TAG TREATMENT ACTION GROUP 611 BROADWAY, SUITE 308 NEW YORK, NY 10012-2608	13-3624785	501C3	50,000.	0.			HIV POLICY AND ADVOCACY		

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Schedule I (Form 990) **ELTON JOHN AIDS FOUNDATION, INC.**

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Part II 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
TARZANA TREATMENT CENTERS INC 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501C3	15,000.	0.			INJECTION DRUG USERS
THE BROOKLYN HOSPITAL CENTER 121 DEKALB AVE BROOKLYN, NY 11201	11-2936410	501C3	25,000.	0.			AFRICAN AMERICANS
THE GRAND RAPIDS RED PROJECT 343 ATLAS AVE SE GRAND RAPIDS, MI 49506-1701	38-3414580	501C3	14,875.	0.			INJECTION DRUG USERS
THE PEOPLE'S HARM REDUCTION ALLIANCE - 1415 NE 43RD STREET - SEATTLE, WA 98105	35-2307112	501C3	25,000.	0.			INJECTION DRUG USERS
TIDES CENTER PRESIDO BLDG 1014 SAN FRANCISCO, CA 94129	94-3213100	501C3	30,000.	0.			INJECTION DRUG USERS
TRINITY LUTHERAN CHURCH 164 WEST 100TH STREET NEW YORK, NY 10025	13-3342240	501C3	25,000.	0.			DOMESTIC MSM INITIATIVE
URBAN JUSTICE CENTER 123 WILLIAMS STREET NEW YORK, NY 10038	13-3442022	501C3	50,000.	0.			DOMESTIC MSM INITIATIVE
VOCAL NEW YORK (NEW YORK CITY AIDS HOUSING NETWORK) - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501C3	21,500.	0.			INJECTION DRUG USERS
WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS - 1400 16TH STREET NW - WASHINGTON, DC 20036	52-1756853	501C3	11,750.	0.			INJECTION DRUG USERS

Schedule I (Form 990)

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Schedule I (Form 990) **ELTON JOHN AIDS FOUNDATION, INC.**

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Part II 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
WELL OF HOPE COMMUNITY DEVELOPMENT CORPORATION - 207 MARTIN LUTHER KING JR WAY - PATERSON, NJ 7501	26-2567327	501C3	20,638.	0.			INJECTION DRUG USERS
WOMEN WITH A VISION 215 NORTH JEFFERSON DAVIS PKWY NEW ORLEANS, LA 70119	72-1202185	501C3	14,875.	0.			EMERGENCY GRANT
YOUTH OUTLOOK 4 S 535 OLD NAPERVILLE RD NAPERVILLE, IL 60653	36-4223806	501C3	25,000.	0.			DOMESTIC MSM INITIATIVE
CLEAN NEEDLES NOW (CNN) 12801 CROSSROADS PARKWAY #200 CITY OF INDUSTRY, CA 91746	95-2557063	501C3	25,000.	0.			INJECTION DRUG USERS
ROCKET BALL LTD 1510 POLK STREET HOUSTON, TX 77002	76-0408054	501C3	24,125.	0.			GREATER THAN AIDS PROJECT
BLACK AIDS INSTITUTE 1833 W 8TH STREET, SUITE 200 LOS ANGELES, CA 90057	95-4742741	501C3	47,500.	0.			GREATER THAN AIDS PROJECT
WASHINGTON AIDS PARTNERSHIP 1400 16TH STREET NW, SUITE 740 WASHINGTON, DC 20036	52-1756853	501C3	136,848.	0.			DISCRETIONARY
GRANTS 5,000 OR LESS		501C3	11,000.	0.			

Schedule I (Form 990)

AS AMENDED

ELTON JOHN AIDS FOUNDATION, INC.

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Schedule I (Form 990) (2011)

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. Part III can be duplicated if additional space is needed.

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

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 GRANTEES 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 CARIBBEAN: AID 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

2011**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☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ 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 filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director. Explain in Part III.☐ Compensation committee☒ Independent compensation consultant☐ Form 990 of other organizations☐ Written employment contract☐ Compensation survey or study☐ Approval by the board or compensation committee**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b**2****4a****4b****4c****5a****5b****6a****6b****7****8****9**

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT P. CAMPBELL	(i) 258,914.	0.	0.	0.	25,365.	284,279.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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

2011Open 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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	20	1,333,980.	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	X	73	5,093.	MARKET VALUE OF STOC
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 ► (MUNICIPAL BON)	X	90,000	101,969.	MARKET VALUE OF BOND
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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?

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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number
58-2033460

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

HIV/AIDS ACROSS THE UNITED STATES, THE AMERICAS, AND THE CARIBBEAN.

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

THE ELTON JOHN AIDS FOUNDATION (EJAF) SUPPORTS COMMUNITY-BASED PREVENTION PROGRAMS, HARM REDUCTION PROGRAMS, PUBLIC EDUCATION TO REDUCE THE STIGMA OF HIV/AIDS, ADVOCACY TO IMPROVE AIDS-RELATED PUBLIC POLICY, AND DIRECT SERVICES TO PERSONS LIVING WITH HIV/AIDS, ESPECIALLY POPULATIONS WITH SPECIAL NEEDS. DIRECT SERVICES INCLUDE HIV/AIDS-RELATED MEDICAL AND MENTAL HEALTH TREATMENT, TESTING AND COUNSELING, ASSISTED LIVING, SOCIAL SERVICE COORDINATION, AND LEGAL AID. EJAF WORKS IN PARTNERSHIP WITH AIDS UNITED, KAISER FAMILY FOUNDATION, MAC AIDS FUND, FORD FOUNDATION, FUNDING PARTNERS OF THE SYRINGE ACCESS FUND, FUNDING PARTNERS OF THE HIV COLLABORATIVE FUND, AMFAR (THE FOUNDATION FOR AIDS RESEARCH), THE CLINTON HEALTH ACCESS INITIATIVE, AND OTHER GRANT-MAKERS TO FUND CUTTING-EDGE, COMMUNITY-CENTERED WORK.

EJAF'S GRANT-MAKING INITIATIVES STRATEGICALLY TARGET KEY REGIONS AND POPULATIONS THAT ARE POORLY SERVED BY CURRENT PREVENTION EFFORTS AND MOST AT RISK OF INFECTION. THE FOUNDATION'S GRANT-MAKING PRIORITIES INCLUDE: CRITICALLY UNDER-FUNDED COMMUNITIES OF (1) THE SOUTHERN UNITED STATES, (2) THE CARIBBEAN AND LATIN AMERICA; HIGHLY MARGINALIZED POPULATIONS SUCH AS (3) INJECTION DRUG USERS, (4) MEN WHO HAVE SEX WITH MEN (MSM), AND (5) INCARCERATED INDIVIDUALS; AND UNDERSERVED POPULATIONS SUCH AS (6) AFRICAN AMERICANS AND (7) YOUNG PEOPLE.

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number
58-2033460

FINALLY, MANY OF THE GRANTS AWARDED BY EJAF CAN BE CLASSIFIED UNDER MORE THAN ONE OF THESE PRIORITY AREAS (I.E., LATIN AMERICAN YOUTH, AFRICAN AMERICANS IN THE RURAL SOUTH, GAY INJECTION DRUG USERS, BLACK MSM, ETC.).

FOR REPORTING PURPOSES, EJAF CATEGORIZES ITS GRANT-MAKING AS DOMESTIC (PROGRAMS CONDUCTED IN THE UNITED STATES) OR INTERNATIONAL (PROGRAMS CONDUCTED IN OUTSIDE THE UNITED STATES).

TOTAL DOMESTIC GRANTS AWARDED: \$5,340,287

TOTAL INTERNATIONAL GRANTS AWARDED: \$2,420,249

2011 GRANT-MAKING PRIORITIES:

(1) THE SOUTH: AS OF 2009, THE CDC REPORTED THAT HIV PREVALENCE RATES HAD SURPASSED 300 PER 100,000 PEOPLE IN 19 U.S. CITIES; 13 OF THESE CITIES ARE IN THE SOUTHERN U.S. 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.

(2) THE CARIBBEAN AND LATIN AMERICA: APPROXIMATELY 240,000 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 2009 ALONE, IN THE CARIBBEAN AND

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LATIN AMERICA, MORE THAN 100,000 PEOPLE WERE NEWLY INFECTED WITH THE VIRUS AND NEARLY 500,000 PEOPLE LIVING WITH HIV NEEDED HIV MEDICINES BUT WEREN'T ACCESSING THEM.

(3) INJECTION DRUG USERS: MORE THAN 4,300 AMERICANS ARE INFECTED WITH HIV EVERY YEAR BECAUSE OF SHARING OF SYRINGES AND OTHER INJECTION-DRUG EQUIPMENT, ACCOUNTING FOR 9% OF ALL NEW HIV INFECTIONS IN THE UNITED STATES. FOR INJECTION DRUG USERS, RESEARCH HAS SHOWN THAT STERILE INJECTION EQUIPMENT EXCHANGES AND ASSOCIATED HARM REDUCTION COUNSELING AND SUPPORT PROGRAMS REDUCE RISKS OF HIV TRANSMISSION AND REDUCE OTHER HARMS RELATED TO DRUG USE.

(4) MEN WHO HAVE SEX WITH MEN: MORE THAN HALF OF ALL NEW HIV INFECTIONS EVERY YEAR IN THE U.S., LATIN AMERICA, AND THE CARIBBEAN ARE AMONG GAY AND BISEXUAL MEN. FOR GAY MEN, RATES OF HIV CAN BE REDUCED BY PROVIDING MEN WITH ESSENTIAL INFORMATION AND OPPORTUNITIES, PARTICULARLY FOR THOSE WHO ARE YOUNGER AND IN ECONOMICALLY MARGINALIZED COMMUNITIES, TO NEGOTIATE SAFER SEX, SAFER DRUG USE, OR TO ACCESS HIV TREATMENT AND CARE. THIS INCLUDES ADDRESSING INADEQUACIES IN HEALTH SYSTEMS, DIRECTLY CONFRONTING STIGMA AND DISCRIMINATION RELATED TO GENDER IDENTITY AND SEXUALITY, AND BUILDING A COMMUNITY NORM THAT PLACES VALUE ON BROADER HEALTH.

(5) INCARCERATED POPULATIONS: APPROXIMATELY 22,000 PEOPLE IN CORRECTIONAL SYSTEMS (1.5% OF ALL PRISONERS) WERE HIV-POSITIVE AT YEAR-END 2008, AND IT IS ESTIMATED THAT APPROXIMATELY 25% OF AMERICANS LIVING WITH HIV PASS IN AND OUT OF THE U.S. CORRECTIONAL SYSTEM

(FEDERAL AND STATE PRISON, COUNTY JAILS, PAROLE, AND PROBATION) AT SOME

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POINT IN THEIR LIVES. FOR HIV-POSITIVE EX-OFFENDERS, PROGRAMS OFFERING INTENSIVE CASE MANAGEMENT AND OTHER SOCIAL SERVICES DO HELP PEOPLE TO ACCESS AND REMAIN IN HIV-RELATED HEALTH CARE, AS WELL AS HELP THEM TO ACCESS AND STAY IN MENTAL HEALTH SERVICES, ADDICTION SERVICES, AND STABLE HOUSING.

(6) AFRICAN AMERICANS: NEARLY HALF OF THE HIV EPIDEMIC IN THE U.S. IS AMONG BLACK PEOPLE, I.E. OF AFRICAN AND/OR CARIBBEAN HERITAGE, WITH A DISPROPORTIONATE IMPACT ON BLACK GAY MEN. FOR AFRICAN AMERICANS, BLACK-LED RIGHTS-BASED INITIATIVES ARE NEEDED AT A NATIONAL, STATE, AND LOCAL LEVEL TO AMELIORATE SOCIAL AND ECONOMIC BARRIERS TO ACCESS TO CARE.

(7) YOUTH AND SEXUAL HEALTH: IN THE UNITED STATES, LATIN AMERICA, AND THE CARIBBEAN, APPROXIMATELY ONE-THIRD OF ALL NEW HIV INFECTIONS ARE AMONG YOUNG PEOPLE AGE 13-29. SURVEYS CONTINUE TO SHOW APPROXIMATELY HALF OF U.S. HIGH SCHOOL STUDENTS REPORTING HAVING HAD SEXUAL INTERCOURSE, AND A THIRD OF HIGH SCHOOL STUDENTS REPORTING BEING CURRENTLY SEXUALLY ACTIVE. ADVOCACY BY YOUTH AND THEIR PARENTS IS NEEDED TO ENSURE THE QUALITY AND SUSTAINABILITY OF SEXUAL HEALTH EDUCATION AND SERVICES, PARTICULARLY IN COMMUNITIES WITH RELATIVELY LIMITED ACCESS TO HEALTH CARE.

FORM 990, PART VI, SECTION A, LINE 1: THE GOVERNING BODY OF THE ELTON JOHN AIDS FOUNDATION IS COMPRISED OF BOTH AN EXECUTIVE BOARD AND AN ADVISORY BOARD. ONLY MEMBERS OF THE EXECUTIVE BOARD HAVE VOVTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 2: ELTON JOHN AND DAVID FURNISH HAVE A

132212
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

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FAMILY RELATIONSHIP.

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: YES. ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST DOCUMENT.

EJAF DOES NOT CURRENTLY HAVE A DOCUMENT RETENTION POLICY IN PLACE BUT THAT THEY ARE IN THE PROCESS OF DRAFTING A POLICY THAT WILL BE APPROVED AND IN PLACE FOR TAX YEAR 2012.

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 VIII, LINE 1

REASON FOR AMENDING RETURN

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LINE 1F WAS AMENDED TO PROPERLY REFLECT THE AMOUNT OF OTHER CONTRIBUTIONS, WHICH IS NOW SHOWN AS 2,071,105. A PORTION OF OTHER CONTRIBUTIONS WAS IMPROPERLY INCLUDED IN THE ORIGINALLY FILED FORM 990. THE TOTAL OF LINES 1A THROUGH 1F NOW ACCURATELY REFLECT THE AMOUNT ON LINE 1H, WHICH REMAINED UNCHANGED.

FORM 990, PART X, LINES 27 AND 28

REASON FOR AMENDING RETURN

LINES 27 AND 28 WERE AMENDED TO PROPERLY REFLECT THE AMOUNT OF UNRESTRICTED NET ASSETS AND TEMPORARILY RESTRICTED NET ASSETS, WHICH ARE NOW SHOWN AS 4,985,742 AND 134,901 RESPECTIVELY. A PORTION OF BOTH UNRESTRICTED NET ASSETS AND TEMPORARILY RESTRICTED NET ASSETS WAS INADVERTENTLY LEFT OFF OF THE ORIGINALLY FILED FORM 990. THE TOTAL OF LINES 27 AND 28 ACCURATELY REFLECT THE AMOUNT ON LINE 33, WHICH REMAINED UNCHANGED.

SCHEDULE G, PART II, LINES 7, 10 AND 11

REASON FOR AMENDING RETURN

THE LINE 7, COLUMN (B) FOOD AND BEVERAGE EXPENSES WAS ADJUSTED FROM 191,774 TO 191,773 FOR A ONE DOLLAR ROUNDING DIFFERENCE. THIS SUBSEQUENTLY CHANGED LINE 10 (DIRECT EXPENSE SUMMARY) TO -1,618,407 FROM -1,618,408, WHICH IN TURN CHANGED LINE 11 (NET INCOME SUMMARY) FROM -428,658 TO -428,657. LINES 10 AND 11 NOW MATCH WHAT IS REPORTED ON FORM 990, PART VIII, LINES 8B AND 8C WHICH HAS NOT CHANGED FROM THE ORIGINALLY FILED RETURN.

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