

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493299005182

Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable Elizabeth Glaser pediatric AIDS Foundation' Address change 95-4191698 Doing Business As E Telephone number Name change (202) 296-9165 Initial return Number and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 164,291,269 1140 CONNECTICUT AVENUE NW Terminated Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 Application pending Name and address of principal officer **H(a)** Is this a group return for Charles J Lyons affiliates? 1140 Connecticut Avenue NW Washington, DC 20036 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▼** 501(c)(3) 501(c) () ◀ (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 H(c) **Website: ►** www pedaids org K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile CA L Year of formation 1988 Summary Part I Briefly describe the organization's mission or most significant activities The Elizabeth Glaser Pediatric AIDS Foundation seeks to prevent pediatric HIV infection and to eradicate pediatric AIDS through research, advocacy, and prevention and treatment programs Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 12 178 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 0 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 151,181,047 162,466,052 0 0 Program service revenue (Part VIII, line 2g) . 40,804 46,497 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 -731.282 -809.078 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 150,490,569 161,703,471 13 50,562,647 56,529,469 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 48,375,924 51,105,709 Expenses 441.157 287,163 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{4,291,192}{}$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 45,049,044 56,228,703 144,428,772 164,151,044 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 6,061,797 -2,447,573 Assets or defined by the control of **Beginning of Current End of Year** Year 36,506,742 33,317,641 20 Total assets (Part X, line 16) . End Fund 21 Total liabilities (Part X, line 26) . . . 22,457,786 21,734,395 22 14,048,956 11,583,246 Net assets or fund balances Subtract line 21 from line 20 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. 2012-10-08 Signature of officer Sign Here Charles J Lyons II President and CEO Type or print name and title Check if Preparer's taxpayer identification number sıgnature

ERNST & YOUNG US LLP

CHICAGO, IL 60606 May the IRS discuss this return with the preparer shown above? (see instructions) .

155 NORTH WACKER DRIVE

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid

Preparer's

Use Only

employed 🕨 🔽

Yes Γ No

Phone no (864) 242-5740

									Page 2
Part		Statement of I Check if Schedule				Part III			৮
1	Briefly	describe the orga	nızatıon's mıssıor	1					
global	lleaderı		iinate pediatric H				es and at more than 5,4 in 14 2 million women v		
		organization unde r Form 990 or 99			ervices during	the year w	which were not listed on	┌ Yes ┌	No
	If "Yes,'	" describe these r	iew services on S	chedule O					
		organization ceas				ow it cond	ducts, any program	┌ Yes ┌	No
	If "Yes,'	" describe these o	hanges on Sched	ule O					
	expense	es Section 501(c)(3) and 501(c)(4	l) organization:	s and section 4	1947(a)(1	e largest program servi) trusts are required to program service report	report the amo	
4a	(Code) (Expenses \$	142,841,179	ıncludıng grants	of \$	56,217,127) (Revenue	\$)
	to service AIDS Th	ces that prevent moth	er-to-child transmissi efforts demonstrates	on of HIV, and to the real potential	increase the num	er of childre	an Africa, as well as India ar en, women, and families rece smission of HIV a rare event	eiving care and tre	eatment for HIV and
4b	(Code) (Expenses \$	3,150,662	ıncludıng grants	of \$	312,342) (Revenue	\$)
	collabora hardest	ates with the brightes hit by HIV and AIDS h	t scientific minds, and have access to the be	l bridges gaps with st medical treatme	nin the medical ar ents EGPAF-supp	d research c orted researc	ric HIV and AIDS research Ed communities to ensure that o th efforts around the world ii f a pediatric HIV vaccine	hildren in the area	as of the world
	(Code) (Expenses \$	956,569	ıncludıng grants	of \$) (Revenue	\$)
	Glaser's agenda	spirit by working to e By working with elec	nsure that the needs ted officials, US and	of families affecte Linternational poli	d by HIV and AID cymakers, the scu	S-both in the entific comm	victories for children Today e United States and around f junity and global business lea fficacy of drugs prescribed to	the world-are at the	he top of the political
	Other	program services	(Describe in Sch	nedule O)					
	(Expen	· -	141,476 ind	•	of \$) (Revenue \$)
4e	Total p	program service ex	kpenses ⊩ \$	147,089,88	6				

2aਜ਼ਰਾਂ Checklist of Required Schedule
--

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νo
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

		_
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 87			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
h	return			
ט	That least one is reported on line 2a, did the organization me an required lederal employment tax returns.	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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 or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 IV , KE , LT , MI , MZ , RW , SF , WZ , TZ , UG			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
a	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?	6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
•	were not tax deductible?	6b	Yes	
'	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
_	services provided to the payor?	76	V a a	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
•	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		
	Form 1098-C?	7h		
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
A ~		14-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No_
n	THE THE THEO A FORM 7 ALL O CENTRE THESE DAVIDENTS / IT "NO " DYOUGE AN EXPLANATION IN SCHEDULE ()	14N		

Form 990 (2011) Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Section A. Governing Body and Management

			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
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? .							
4	the state of the s							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		Νo				
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		Νo				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
	vertion B. Policies (This Section B requests information about policies not required by the Internal venue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
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	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		11	1				
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	b Other officers or key employees of the organization							
	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		No				
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?	165		1				
Ça	ection C. Disclosure	16b						
	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, D	C .FI	. GA . F	HI.ID				
	IL, IN, IA, KS, KY, LA, ME, MD, MA MO, MT, NE, NV, NH, NJ, NM, NY, 1	,MI,	MN,M	s,				

- $\verb"OR", \verb"PA", \verb"RI", \verb"SC", \verb"SD", \verb"TN", \verb"TX", \verb"UT", \verb"VT", \verb"VA", WA", WV",$ WI, WY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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
- 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 See Additional Data Table

(202) 296-9165

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Daniel Warco Controller 1140 Connecticut Avenue NW Washington, DC 20036

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

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

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

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

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

♣ 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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of oth compensatio from the organization a		
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			0	rganiza			
See Additional Data Table						 								
1b Sub-Total							<u> </u> ≱-							
c Total from continuation sheets		tion A			•		<u>-</u>							
	 .						P		6,021,347		0		725,967	
Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	receive	d more tha	ın				
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee									Yes	No				
3 Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci						mploy •			compens	ated employee	2		N.o.	
on line 1a? If "Yes," complete Sc. For any individual listed on line organization and related organiz	hedule J for such 1a, is the sum of	<i>individi</i> f reporta	u <i>al</i> able c	omp	• pens	• ation	• and	• • • other cor	• • npensatio	n from the	3		No	
on line 1a? If "Yes," complete Sc. 4 For any individual listed on line	hedule J for such 1 a, is the sum of ations greater th	individe freporta nan \$15	ual . able c 50,00	omp 0 ? <i>I</i>	pens f "Y	ation es," co	and o	other cor te Schedi	npensatio ule J for su	n from the	3	Yes	No	
on line 1a? If "Yes," complete Sc. For any individual listed on line organization and related organization and related organization.	hedule J for such 1 a, is the sum of ations greater the such that the s	rndivide freporta nan \$15 • •	able o	omp 0 ? <i>I</i> • tion	pens f "Y	• ation <i>es," co</i> • • n any	and of the second secon	other cor te Schedu	npensatio ule J for su 	n from the		Yes	No No	
on line 1a? If "Yes," complete Sc. For any individual listed on line organization and related organization and related organizandividual	hedule J for such 1 a, is the sum of ations greater th receive or accruzation? If "Yes," of the such that it is not to be a controlled to the such that is not to be a controlled to the such that is not to be a controlled to the such that is not to be a controlled to the such that is not that is not to be a controlled to the such that is not to be a controlled to the sum of the sum o	rndivide freporta nan \$15 • •	able o	omp 0 ? <i>I</i> • tion	pens f "Y	• ation <i>es," co</i> • • n any	and of the second secon	other cor te Schedu	npensatio ule J for su 	n from the	4	Yes		
on line 1a? If "Yes," complete Sc. For any individual listed on line organization and related organization and related organizandividual Did any person listed on line 1a services rendered to the organization	tractors hedule J for such 1 a, is the sum of ations greater the receive or accruzation? If "Yes," of the tractors highest compensation of the organization.	f reports an \$15 use complet	able conditions of the conditi	omp 0? I tion edule	pens f "Y fror e J fe	ation es," co n any or such	and omple omple unrel	other cor te Schedu	npensatio ule J for su anization o	n from the ch	4	Yes		
on line 1a? If "Yes," complete Sca. For any individual listed on line organization and related organization and related organization and related organization/dual	tractors hedule J for such 1 a, is the sum of ations greater the receive or accruzation? If "Yes," of the tractors highest compensation of the organization.	f reports an \$15	able conditions of the conditi	omp 0? I tion edule	pens f "Y fror e J fe	ation es," co n any or such	and omple omple unrel	other cor te Schedu	npensation of the second secon	n from the ch	4	Yes (C Comper	No	
on line 1a? If "Yes," complete Sc. For any individual listed on line organization and related organization. Did any person listed on line 1a services rendered to the organization. Section B. Independent Complete this table for your five \$100,000 of compensation from or within the organization's tax your five street NW Washington University 2300 Eye Street NW Washington DC, DC 20037	tractors hedule J for such 1 a, is the sum of ations greater the receive or accruzation? If "Yes," of the organization the organization (A)	f reports an \$15	able conditions of the conditi	omp 0? I tion edule	pens f "Y fror e J fe	ation es," co n any or such	and omple omple unrel	other cor te Schedu lated org son	npensation of the second secon	n from the ch	4	(C	No	
on line 1a? If "Yes," complete Sca. For any individual listed on line organization and related organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization. Section B. Independent Com Complete this table for your five \$100,000 of compensation from or within the organization's tax your line of the section. Nat	tractors hedule J for such 1 a, is the sum of ations greater the receive or accruzation? If "Yes," of the organization the organization (A)	f reports an \$15	able conditions of the conditi	omp 0? I tion edule	pens f "Y fror e J fe	ation es," co n any or such	and omple omple unrel	other con the Schedu lated org son .	npensation of the service of the ser	e than ng with (B) ription of services	4	(c	No_	
on line 1a? If "Yes," complete Sca. For any individual listed on line organization and related organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization. Section B. Independent Complete this table for your five \$100,000 of compensation from or within the organization's tax your line of the services of the services. Nationally washington University 2300 Eye Street NW WASHINGTON DC, DC 20037 David Stark 87 Luquer Street BROOKLYN, NY 11231 Innovative Philanthropy 5 Hanover Square Suite 1801 NEW YORK, NY 10004	tractors hedule J for such 1 a, is the sum of ations greater the receive or accruzation? If "Yes," of the organization the organization (A)	f reports an \$15	able conditions of the conditi	omp 0? I tion edule	pens f "Y fror e J fe	ation es," co n any or such	and omple omple unrel	other cor te Schedu	npensationale J for substitution of the substi	n from the ch ch rindividual for e than ng with (B) ription of services v Support	4	(c	N o) sation 759,068	
on line 1a? If "Yes," complete Scale For any individual listed on line organization and related on line 1a services rendered to the organizations. Section B. Independent Com Complete this table for your five \$100,000 of compensation from or within the organization's tax your within the organization's tax yo	tractors hedule J for such 1 a, is the sum of ations greater the receive or accruzation? If "Yes," of the organization the organization (A)	f reports an \$15	able conditions of the conditi	omp 0? I tion edule	pens f "Y fror e J fe	ation es," co n any or such	and omple omple unrel	other cor te Schedu	npensation of the service of the ser	n from the ch ch or individual for e than ng with (B) ription of services v Support	4	(c	No) ssation 759,068 356,200	
on line 1a? If "Yes," complete Sca. For any individual listed on line organization and related organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization. Section B. Independent Com Complete this table for your five \$100,000 of compensation from or within the organization's tax your within the organization's tax your line of the complete NW washington University 2300 Eye Street NW washington University 2300 Eye Street NW washington DC, DC 20037 David Stark 87 Luquer Street BROOKLYN, NY 11231 Innovative Philanthropy 5 Hanover Square Suite 1801 NEW YORK, NY 10004 Ernst Young LLP 8484 Westpark Drive	tractors the organization (A) the and business additionally additionally and business additionally and business additionally additio	reports an \$15 a	able constants	ende	ensers from	ation es," co n any contract	and of mple of the months of t	other constends	npensationale J for sure anization of anizat	n from the ch n from the ch n rindividual for e than ng with (B) ription of services v Support at Plan ser	4	(c	No)sation 759,068 356,200 284,478	

Form 9								Page 9
Part \	<u> </u>	Statement of	f 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
\$ \$	1a	Federated camp	aıgns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership due	es 1b					
s,g	c	Fundraising eve	nts 1c	1,996,524				
無った	d	Related organiza	ations 1d					
Ξ̈́	e	Government grants	(contributions) 1e	142,396,778				
tior sr	f	All other contribution similar amounts not	ns, gifts, grants, and 1f	18,072,750				
ë¥	g	Noncash contrib	outions included in					
ξŽ		lines 1a-1f \$	026					
<u>8 0</u>	h	Total. Add lines	1a-1f	•	162,466,052			
<u> </u>				Business Code				
Program Service Revenue	2a	All other program se	ervice revenue					
æ	b							
90e	C							
Ser.	d							
Ē	e							
200	f	All other program	m service revenue					
Δ	g	Total. Add lines	2a-2f	▶	0			
	3	Investment inco	ome (including dividen	ds, interest				
		and other sımıla	ramounts)	▶ [47,136			47,136
	4	Income from investi	ment of tax-exempt bond	proceeds	0			
	5	Royalties		▶	20,394			20,394
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d	Net rental incom	ne or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of		1,709,487				
		assets other than inventory						
	Ь	Less cost or other basis and		1,710,126				
		sales expenses		-639				
	C	Gain or (loss)	-)		-639			-639
	d 8a	Net gain or (loss Gross income from			033			033
Other Revenue		events (not inclus) \$1,996,5	uding 5 <u>24</u> reported on line 1c)					
Œ		,	a	48,200				
the	Ь		enses b	877,672				
Ò	c		oss) from fundraising	events 🟲	-829,472			-829,472
	9a	Gross income fro See Part IV, line	om gaming activities e 19 a					
	ь	Less direct exp	enses b					
	C		oss) from gamıng actı	vities	0			
	10a	Gross sales of II returns and allov						
	b c	Less cost of go Net income or (I	ods sold b oss) from sales of inv	entory ►	o			
		Miscellaneous	Revenue	Business Code				
	11a							<u> </u>
	Ь							
	c							
	d	All other revenu	e					<u> </u>
	e	Total. Add lines	11a-11d		0			
				•	ŭ ,			<u> </u>
	12	T otal revenue. S	See Instructions .	• •	161,703,471			-762,581

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 no	ot include amounts reported on lines 6b, p, 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	25,288,254	25,288,254		1,2,2,2
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	20,200,20		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	31,241,215	31,241,215		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,747,313	4,659,994	1,527,701	559,618
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	37,629,811	31,522,136	4,578,242	1,529,433
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,691,543	1,416,152	207,057	68,334
9	Other employee benefits	3,361,073	2,662,417	525,295	173,361
10	Payroll taxes	1,675,969	1,177,176	375,025	123,768
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	118,084	68,175	49,909	
c	Accounting	434,850	125,175	309,675	
d	Lobbying	74,454	74,454		
e	Professional fundraising See Part IV, line 17	287,163			287,163
f	Investment management fees	0			
g	Other	4,862,024	3,482,769	858,865	520,390
12	Advertising and promotion	154,599	91,764	2,000	60,835
13	Office expenses	7,690,562	6,337,792	1,155,231	197,539
14	Information technology	1,823,868	1,227,966	583,627	12,275
15	Royalties	0			
16	Occupancy	3,447,684	2,597,951	647,464	202,269
17	Travel	8,913,715	7,703,833	882,206	327,676
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,172,618	8,977,172	170,732	24,714
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	96,810	2,391	94,419	
23	Insurance	697,293	534,918	127,108	35,267
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Equipment	1,666,165	1,666,139		26
b	Repairs and Maintenance	1,992,968	1,361,647	629,502	1,819
c	Reimbursible Sub-Contracts	9,630,073	9,630,073		
d	Other Program Services	4,503,038	4,503,038		
e					
f	All other expenses	949,898	737,285	45,908	166,705
25	Total functional expenses. Add lines 1 through 24f	164,151,044	147,089,886	12,769,966	4,291,192
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 900 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6,374,598 14,189,954 1 1 2.045.679 5.423.687 2 Savings and temporary cash investments 3 22,658,210 9.577.622 1.046.950 1.635.394 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 0 8 9 4.224,663 9 2.204.970 Prepaid expenses and deferred charges 1,333,684 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 1,047,670 b Less accumulated depreciation 136,287 10c 286,014 20,355 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 0 13 Investments—program-related See Part IV, line 11 . . 0 0 14 14 15 0 15 36,506,742 33,317,641 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 6,596,505 17 7,151,815 17 Accounts payable and accrued expenses . 18 10,535,396 18 7,510,151 19 5,090,628 19 5,906,245 20 0 20 0 0 21 21 0 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 235,257 25 1,166,184 D 26 22,457,786 26 21,734,395 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 12,312,255 **27** Unrestricted net assets 9,916,704 1,645,502 28 1,577,520 28 Temporarily restricted net assets Fund 29 91,199 29 89,022 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 14.048.956 33 11,583,246 36.506,742 34 Total liabilities and net assets/fund balances 34 33.317.641

	ι Λ Ι	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		161,7	703,471
2	Total	expenses (must equal Part IX, column (A), line 25)	2		164,1	151,044
3	Rever	nue less expenses Subtract line 2 from line 1	3		-2,4	147,573
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,0	048,956
5	O ther	changes in net assets or fund balances (explain in Schedule O)	5			-18,137
6	Net a: (B))	ssets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6		11,5	583,246
Par	t XII	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1		unting method used to prepare the Form 990			Yes	No
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
c	audıt,	s," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? organization changed either its oversight process or selection process during the tax year, explain its of the control of the		2c	Yes	
d	onas	s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is eparate basis, consolidated basis, or both	ssued			
	•	eparate basis				
3a	Single	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?		За	Yes	
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the r or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493299005182

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

Elizabeth Glaser pediatric AIDS Foundation' Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other **b** Type II c Type III - Functionally integrated Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Type of Is the organization in escribed on es 1-9 above IRC section Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Support Schedule for Organizations Described in IRC 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.)

<u> </u>	under Part III. If t	ne organization	rails to qualify t	inaer the tests	listed below, ple	ease complete	Part III.)
	ection A. Public Support endar year (or fiscal year beginnin	g (-) 2007	(h) 2000	(=) 2000	(4) 2010	(2) 2011	(6) Tabal
	ın)	(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	99,755,37	119,792,443	127,206,925	151,181,047	162,466,052	660,401,843
	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						
4	charge	99,755,37	6 119,792,443	127,206,925	151,181,047	162,466,052	660,401,843
4 5	Total. Add lines 1 through 3 The portion of total contributions		119,792,443	127,200,323	131,181,047	102,400,032	000,401,643
3	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						660,401,843
	from line 4						
	ection B. Total Support endar year (or fiscal year					T	
Cuit	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	99,755,376	119,792,443	127,206,925	151,181,047	162,466,052	660,401,843
8	Gross income from interest,						
	dividends, payments received	266,466	98,682	4,080	120 105	67,530	556,953
	on securities loans, rents, royalties and income from	200,400	90,002	4,080	120,195	67,530	550,953
	similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
10	carried on Other income (Explain in Part						-
10	IV) Do not include gain or loss	1 271	26	20,878	0	0	22,285
	from the sale of capital	1,371	36	20,878	ď	ď	22,285
	assets						
11	Total support (Add lines 7 through 10)						660,981,081
12	Gross receipts from related activ	ities, etc. (See in:	structions)			12	441,200
13	First Five Years If the Form 990			. third. fourth. or	fifth tax vear as a		
	check this box and stop here		,	,,,	,		▶□
	action C. Computation of D	ublic Cunnout	Doveontoso				
<u> </u>	ection C. Computation of P Public Support Percentage for 20			11 column (f))		14	99 912 %
15	Public Support Percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	11 00141111 (1))		15	99 849 %
	33 1/3% support test—2011. If t	•		v on line 13 and	line 14 is 33 1/20/		
LUa	and stop here. The organization of				ille 14 is 33 1/3%	of more, check t	.IIIS DOX
b	33 1/3% support test—2010. If t	he organızatıon dı	d not check the bo	x on line 13 or 16	6a, and line 15 is	33 1/3% or more,	check this
	box and stop here. The organizat	•		_			► □
17a	10%-facts-and-circumstances tends 10% or more, and if the organi						
	is 10% or more, and if the organi in Part IV how the organization m						ted
	organization		o cambiances		son quannes us	_ pasci, suppor	▶ ┌
b	10%-facts-and-circumstances te						
	15 is 10% or more, and if the org						
	Explain in Part IV how the organi supported organization	Zation meets the	iacts and circums	tances test The	e organization qua	imes as a publicly	′ ▶⊏
18	Private Foundation If the organiz	ation did not ched	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) 17

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 ₽ſ 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

Investment income percentage from 2010 Schedule A, Part III, line 17

18

17

18

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493299005182

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name o	of the	organıza	ition	
Elizabeth	ı Glaser	pediatric	AIDS	Foundation'

Employer identification number

95-4191698

Part I-A	Complete if	the organization i	s exempt under s	ection 501(c) (<u>or is a section 527</u>	organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete if	the organ	<u>ization is (</u>	<u>exempt under</u>	section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
- organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

☐ Yes ☐ No

enedate e (i	01111 330 01 330 12/2011	ı agı
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 ((election
	under section 501(h)).	

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

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
.a	Total lobbying expenditures to influence public o	4,824		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	56,158	
c	Total lobbying expenditures (add lines 1a and 1b)	60,982	
d	Other exempt purpose expenditures		164,967,734	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	165,028,716	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2008 **(b)** 2009 (d) 2011 (c) 2010 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 Lobbying non-taxable amount 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 103,363 60,982 31,351 29,221 224,917 Total lobbying expenditures Grassroots non-taxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) 4,784 2,896 4,824 15,517 Grassroots lobbying expenditures

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)		(b)	
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493299005182

OMB No 1545-0047

Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	me of the organization Tabeth Glaser pediatric AIDS Foundation'			Employer identification number
			9	95-4191698
Pa	Organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.		·
		(a) Donor advised fund	s	(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 a funds are the organization's property, subject to the			advised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit			
Pa	rt II Conservation Easements. Comple	te if the organization answered	d "Yes" to F	<u> </u>
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	e organization (check all that apply lation or pleasure) Preserva	r) ation of an his ation of a cert	storically importantly land area
	easement on the last day of the tax year			
				Held at the End of the Year
a	Total number of conservation easements		2	
b	Total acreage restricted by conservation easemen		2	_
С	Number of conservation easements on a certified		20	
d	Number of conservation easements included in (c) acquired after 8/17/06	20	d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or	terminated b	y the organization during
	the taxable year 🛌			
4	Number of states where property subject to conse	rvation easement is located 🗠		
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		ction, handling	g of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ii	nspecting and enforcing conservati	ıon easement	s during the year ►
-	A mount of expenses incurred in monitoring, inspe			
7	▶ \$			g e , ea.
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requireme	ents of section	n ┌ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's		
Pai	Complete of the organization answere			Other Similar Assets.
1a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education	or research II	n furtherance of public service,
b	If the organization elected, as permitted under SF, historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or r		
	(i) Revenues included in Form 990, Part VIII, line	e 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, h following amounts required to be reported under S		rassets for fi	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tre</u>	easu	res, or Ot	<u>her S</u>	<u>imilar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	nat are	e a significar	it use o	of its collection	n	
а	Public exhibition		d	Γ	Loan o	rexch	nange progra	ms			
b	Scholarly research		е	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	y further	the o	rganızatıon's	exem	pt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organız	ation			to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontrıbut	ions o	or other asse	ts not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able				A		
_	Danisa da la cara						-	_	Amo	unt	
c d	Beginning balance							.c .d			
u e	Additions during the year						-	e e			
_	Distributions during the year						_	f .			
f 2-	Ending balance	000 5- : : : :	- 24-					.1		· w -	
2a	Did the organization include an amount on Fo		e 21 /						l	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1 1137			N- 1 TV	/ L 40		
Ра	rt V Endowment Funds. Complete	the organizatio (a)Current Year)Prior `						e) Four V	'ears Back
1a	Beginning of year balance	91,199	(,,	<i>)</i> 1 1101	92,225	(C) W	91,754	(u)iiic	91,178	C Ji odi i	Cars back
ъ	Contributions	-2,177					471		576		
c	Investment earnings or losses	3,145			2,970		4,847		4,847		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	3,145			3,996		4,847		4,847		
f	Administrative expenses										
g	End of year balance	89,022			91,199		92,225		91,754		
2	Provide the estimated percentage of the yea	r end balance held	as		•		•		•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment > 100 000 %										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	and a	dmınıstered	for the			
	organization by	.								Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations							•	3a(ii))	No
	If "Yes" to 3a(II), are the related organizatio	•							3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa					-		1	
	Description of property				i) Cost or sis (invest		(b)Cost or ot basis (other		c) Accumulated depreciation	(d) B	ook value
1a	Land		•								
b	Buildings		•					\perp			
C	Leasehold improvements		•				341,	193	34,275	<u> </u>	42,234
d I	Equipment						791,4	130	48,849		122,289
	Other	<u>.</u>					201,0	062	25,884	<u> </u>	121,491
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B), line	10(c).)				. ►		286,014
									Schedule D (Form 9	90) 2011

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valua	
(including name of security)	(2)20011 1212	Cost or end-of-year ma	rket value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Method of value	ation
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	rket value
			-
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) i	Book value
	e 15.	(b)	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) 8	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) f	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) 8	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	3ook value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) E	Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion	(b) s	Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		3ook value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount		Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	161,703,47
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	164,151,044
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,447,57
4	Net unrealized gains (losses) on investments	4	-18,13
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 - 8	9	-18,137
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,465,710
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	162,563,006
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	-18,137
3	Subtract line 2e from line 1	3	162,581,143
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-877,672
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	161,703,47
_	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per F	
1	Total expenses and losses per audited financial statements	₁	165,028,716
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	877,672
3	Subtract line 2e from line 1	3	164,151,044
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	164,151,044
Par	t 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 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

Identifier	Return Reference	Explanation
Description of FIN 48 Footnote in the 2011 Financial Statements	Schedule D, Part IV	The Foundation is exempt from federal income and state franchise taxes under Section 501(c)(3) of the Internal Revenue Code (IRC) and corresponding state revenue and taxation statutes, except for any federal income that may be a result of unrelated business transactions. Accordingly, no provision for income taxes is required. Accounting principles generally accepted in the United States require management to evaluate uncertain tax positions taken by the Foundation. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. Management has analyzed the tax positions, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken. The Foundation has recognized no interest or penalties related to uncertain tax positions. The Foundation is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes the Foundation is no longer subject to income tax examinations for years prior to 2009.
Description of reconciling item	Schedule D, Part XII, Line 4b & Schedule D, Part XIII, Line 2d	In order to reconcile the total revenues per the financial statements to THE TOTAL REVENUE LISTED IN PART VIII OF THE FORM 990, TOTAL SPECIAL EVENT EXPENSES NEED TO BE ADDED BACK TO THE TOTAL REVENUE AMOUNT LISTED IN PART VIII OF THE FORM 990 (SINCE IT WAS DEDUCTED ON LINE 8B OF PART VIII)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493299005182

OMB No 1545-0047

SCHEDULE F (Form 990)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization Elizabeth Glaser pediatric AIDS Foundation' **Employer identification number**

95-4191698

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

Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	auon answered
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount of the grants o	or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ard
	the grants or assistance?					✓ Yes │ No
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
	Sub-Saharan Africa	13	844	Program Services	SEE PART V	78,154,890
	Europe (Including Iceland and Greenland)	1	2	Program Services	SEE PART V	571,621
	North America			Program Services	SEE PART V	118,415
	East Asia and the Pacific			Program Services	SEE PART V	3,006
	South Asia			Program Services	SEE PART V	9,798
	Sub-Saharan Africa			Fundraising	N/A	580,115
	Europe (Including Iceland and Greenland)			Fundraising	N/A	152,679
	Sub-Saharan Africa			Grantmakıng	N/A	55,795,757
	South Asia			Grantmakıng	N/A	743,170
	East Asia and the Pacific			Grantmakıng	N/A	-1,183
	Russia and the Newly Independent States			Grantmakıng	N/A	-8,275
За	Sub-total	14	846			136,119,993
	Total from continuation sheets					/ / /
	to Part I					

c Totals (add lines 3a and 3b)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
See Add'l Data								

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. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·		+		
'	 	+	<u> </u>	-	+		
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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).	Г	Yes	~	No

Schedule F (Form 990) 2011

SPECIFIC TYPE OF SERVICE IN

DESCRIPTION OF NON-CASH

PURPOSE OF GRANT

ASSISTANCE

REGION

Schedule F (Form 990) 2011 Page **5** Part V Supplemental Information Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information. Identifier ReturnReference Explanation Organization's Procedures for Schedule F, Part I, Line 2 The Foundation uses a multi-faceted, risk-based approach for the monitoring and support of its grantees overseas A pre-award Monitoring Use of Grant Funds Outside the US assessment of the grantee determines an initial risk level for financial/administrative performance Based on the initial risk level, and subsequent on-site visits and document reviews, the Foundation decides the nature and frequency of grantee

SCHEDULE F, PART I, Line 3

monitoring and the level of capacity building needed Monitoring and support are conducted by both technical staff and operations staff Technical staff monitor and help improve programmatic results of the grants Operations staff such as contracts and grants and finance staff audit grantees financial expenditures and administrative systems to ensure that expenditures charged to the Foundations funds are allowable, allocable, and reasonable If

not, the costs are disallowed by the Foundation and other

TRANSMISSION (PMTCT) AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES AFFLICTED WITH HIV/AIDS AS WELL AS MONITORING OF THE USE OF ALL

LOCATED IN SUB-SAHARAN AFRICA, SOUTH ASIA, EAST ASIA AND THE PACIFIC, AND EUROPE, IS TO FURTHER PMTCT AND/OR CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES THROUGH DIRECT SUPPORT,

generator and/ or computer/ office equipment, [C] Exchange rate variance due to accrual of item purchased in 2010, but paid for in 2011, [D] Medical and health related equipment/ supplies and/or computer equipment, office equipment, or motorized vehicles, [E] Office equipment/furniture, [F] One or more motorized vehicles/ vehicle related accessories, [G] Operational expenses, office supplies, training expenses, [H] Renovation expenses as well as computer/ office equipment, [I] Training Expenses, [J] Various operating expenses including salary, fringe benefits, rent, and

PROVIDING PREVENTION OF MOTHER TO CHILD

GRANT FUNDS SENT TO foreign ORGANIZATIONS

CAPACITY BUILDING, AND RESEARCH

corrective actions taken

SCHEDULE F, PART II, COLUMN (D)THE PURPOSE OF ALL GRANTS TO ORGANIZATIONS

SCHEDULE F, PART II, COLUMN (H)[A] Computer and office equipment/ furniture, [B] Electrical

equipment/ furniture

Additional Data

Software ID: Software Version:

EIN: 95-4191698

Name: Elizabeth Glaser pediatric AIDS Foundation'

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	32,876	WIRE TRANSF	2,776	[E] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	60,280	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	101,455	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	11,981	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	60,645	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	123,797	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	47,840	WIRE TRANSF	15,306	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	1,421,163	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	33,573	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	14,789	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	72,070	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	67,928	WIRE TRANSF	3,221	[J] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	235,206	WIRE TRANSF	673,143	[J] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	64,550	WIRE TRANSF	17,184	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	88,811	WIRE TRANSF	34,680	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	65,873	WIRE TRANSF	29,184	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	24,441	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	9,098	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Pogion	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	15,094	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	24,809	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	36,504	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	24,076	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	17,780	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	31,455	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	8,630	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	24,576	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	17,640	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	24,052	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	31,391	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	18,530	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	10,194	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	59,288	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	9,823	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	18,588	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	85,849	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	25,837	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	10,634	WIRE TRANSF	163	[E] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	31,912	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	41,792	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	64,630	WIRE TRANSF	8,655	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	84,066	WIRE TRANSF	26,767	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	480,083	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	191,309	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	18,743	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	31,322	WIRE TRANSF	7,358	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	66,376	WIRE TRANSF	56,584	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	52,133	WIRE TRANSF	1,260	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	18,233	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	l	Sub-Saharan Afrıca	SEE PART V	390,620	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	130,383	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	173,066	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	26,956	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	21,636	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	5,782	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	16,502	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	18,830	WIRE TRANSF	449	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	33,835	WIRE TRANSF	10,826	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	47,728	WIRE TRANSF	8,559	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	17,971	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	86,047	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	96,713	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	12,367	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	42,948	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	176,758	WIRE TRANSF	16,277	[A] - Part V	Cost
	l .	Sub-Saharan Afrıca	SEE PART V	144,238	WIRE TRANSF	0	N/A	N/A
	l .	Sub-Saharan Afrıca	SEE PART V	169,835	WIRE TRANSF	64,300	[F] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	188,012	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	35,923	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	29,397	WIRE TRANSF	11,838	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	6,963	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	12,240	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	15,138	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	14,825	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	312,279	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	30,010	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	14,622	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	17,244	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	63,291	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	158,778	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Africa	SEE PART V	134,140	WIRE TRANSF	43,275	[F] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	70,666	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	7,424	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	20,871	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	33,727	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	7,425	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	57,485	WIRE TRANSF	1,243	[A] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	19,023	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Pogion	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	21,172	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	7,862	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	8,161	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	23,728	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	159,414	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	93,162	WIRE TRANSF	1,989	[I] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Africa	SEE PART V	60,819	WIRE TRANSF	-112	[C] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	52,908	WIRE TRANSF	14,014	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	27,294	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	217,836	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Africa	SEE PART V	11,258	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	293,819	WIRE TRANSF	470,765	[J] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		South Asıa	SEE PART V	42,074	WIRE TRANSF	0	N/A	N/A
		South Asıa	SEE PART V	38,290	WIRE TRANSF	0	N/A	N/A
	l .	Sub-Saharan Afrıca	SEE PART V	118,751	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	26,617	WIRE TRANSF	12,834	[D] - Part V	Cost
		Sub-Saharan Africa	SEE PART V	43,493	WIRE TRANSF	14,387	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	94,132	WIRE TRANSF	1,967	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	46,661	WIRE TRANSF	6,191	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	52,783	WIRE TRANSF	11,307	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	34,648	WIRE TRANSF	13,063	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	97,866	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	55,264	WIRE TRANSF	18,003	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	56,302	WIRE TRANSF	13,876	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	156,751	WIRE TRANSF	25,112	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	44,741	WIRE TRANSF	9,702	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	66,742	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	95,274	WIRE TRANSF	19,295	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	297,825	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	22,439	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	145,793	WIRE TRANSF	36,738	[F] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	37,130	WIRE TRANSF	13,170	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	20,062	WIRE TRANSF	16,600	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	57,240	WIRE TRANSF	2,064	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	60,599	WIRE TRANSF	1,846	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	51,712	WIRE TRANSF	30,774	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	27,854	WIRE TRANSF	8,104	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	32,459	WIRE TRANSF	6,469	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	44,338	WIRE TRANSF	5,314	[F] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	27,040	WIRE TRANSF	14,899	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	21,148	WIRE TRANSF	5,143	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	78,468	WIRE TRANSF	-11,308	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	102,925	WIRE TRANSF	98,579	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	45,942	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	26,890	WIRE TRANSF	48,253	[F] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	174,737	WIRE TRANSF	47,602	[F] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	15,373	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	77,549	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	l .	Sub-Saharan Afrıca	SEE PART V	35,857	WIRE TRANSF	12,350	[D] - Part V	Cost
	l .	Sub-Saharan Afrıca	SEE PART V	1,799,566	WIRE TRANSF	62,470	[F] - Part V	Cost
	l .	Sub-Saharan Africa	SEE PART V	50,018	WIRE TRANSF	34,322	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	6,145	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	67,447	WIRE TRANSF	9,819	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	23,416	WIRE TRANSF	19,696	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	49,329	WIRE TRANSF	7,358	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	91,235	WIRE TRANSF	78,664	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	176,719	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	68,450	WIRE TRANSF	3,643	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	14,033	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	18,880	WIRE TRANSF	37,528	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	106,653	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Africa	SEE PART V	127,266	WIRE TRANSF	70,877	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	14,521	WIRE TRANSF	976	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	8,958	WIRE TRANSF	1,344	[A] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	41,015	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	59,079	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	66,401	WIRE TRANSF	16,242	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	49,578	WIRE TRANSF	18,043	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	72,013	WIRE TRANSF	8,046	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	82,414	WIRE TRANSF	1,082	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	12,400	WIRE TRANSF	1,972	[A] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	34,970	WIRE TRANSF	35,335	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	49,340	WIRE TRANSF	25,151	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	251,749	WIRE TRANSF	124,877	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	77,560	WIRE TRANSF	35,720	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	240,000	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	39,893	WIRE TRANSF	8,119	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	103,234	WIRE TRANSF	25,067	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	72,466	WIRE TRANSF	37,901	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	161,594	WIRE TRANSF	22,180	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	45,993	WIRE TRANSF	21,038	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	147,350	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	8,654	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	415,862	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	118,435	WIRE TRANSF	41,632	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	91,294	WIRE TRANSF	33,198	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	123,889	WIRE TRANSF	40,839	[G] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	119,661	WIRE TRANSF	22,429	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	61,654	WIRE TRANSF	28,581	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	51,856	WIRE TRANSF	7,313	[A] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	77,265	WIRE TRANSF	3,553	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	26,764	WIRE TRANSF	3,518	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	28,555	WIRE TRANSF	7,358	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	81,196	WIRE TRANSF	29,620	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	63,727	WIRE TRANSF	17,927	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	157,576	WIRE TRANSF	3,519	[B] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	26,063	WIRE TRANSF	59,149	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	61,319	WIRE TRANSF	44,515	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	29,871	WIRE TRANSF	6,078	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	554,003	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	129,376	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	69,941	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	49,881	WIRE TRANSF	10,217	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	30,980	WIRE TRANSF	6,078	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	63,896	WIRE TRANSF	17,762	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	64,803	WIRE TRANSF	16,307	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	66,007	WIRE TRANSF	28,109	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	18,111	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	269,155	WIRE TRANSF	0	N/A	N/A
	l .	Sub-Saharan Afrıca	SEE PART V	66,054	WIRE TRANSF	27,943	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	66,947	WIRE TRANSF	26,382	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	54,385	WIRE TRANSF	6,913	[A] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	73,333	WIRE TRANSF	13,278	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	70,818	WIRE TRANSF	1,181	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	68,373	WIRE TRANSF	3,830	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	64,514	WIRE TRANSF	19,162	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	63,676	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	28,143	WIRE TRANSF	5,338	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	35,649	WIRE TRANSF	1,554	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	77,832	WIRE TRANSF	21,012	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	50,935	WIRE TRANSF	16,078	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	14,997	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	78,298	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	50,217	WIRE TRANSF	21,692	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	32,618	WIRE TRANSF	77,792	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	74,375	WIRE TRANSF	1,843	[E] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	103,041	WIRE TRANSF	27,841	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	34,991	WIRE TRANSF	1,349	[A] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	126,806	WIRE TRANSF	19,471	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	69,884	WIRE TRANSF	9,568	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	121,235	WIRE TRANSF	59,936	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	37,979	WIRE TRANSF	32,121	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	20,091	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	25,120	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	61,557	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Africa	SEE PART V	169,360	WIRE TRANSF	-17,536	[D] - Part V	Cost
	I	Sub-Saharan Africa	SEE PART V	45,337	WIRE TRANSF	10,989	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	74,169	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	120,770	WIRE TRANSF	9,644	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	338,828	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	95,809	WIRE TRANSF	1,129	[A] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART V	119,507	WIRE TRANSF	59,701	[D] - Part V	Cost
		Sub-Saharan Africa	SEE PART V	78,641	WIRE TRANSF	-845	[E] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	7,591	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART V	102,528	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	30,037	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	27,097	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Pogion	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	62,837	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	48,633	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	46,628	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	36,987	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	35,307	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	19,059	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	12,940	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	28,801	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	50,379	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	l .	Sub-Saharan Afrıca	SEE PART V	42,526	WIRE TRANSF	0	N/A	N/A
	l .	Sub-Saharan Africa	SEE PART V	2,256,361	WIRE TRANSF	156,175	[F] - Part V	Cost
	l .	Sub-Saharan Afrıca	SEE PART V	271,525	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	285,375	WIRE TRANSF	0	N/A	N/A
	l .	Sub-Saharan Afrıca	SEE PART V	20,085	WIRE TRANSF	0	N/A	N/A
	l .	Sub-Saharan Afrıca	SEE PART V	30,752	WIRE TRANSF	-138	[C] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	SEE PART V	76,506	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	46,558	WIRE TRANSF	10,374	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	78,399	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	96,883	WIRE TRANSF	29,447	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	64,522	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	94,032	WIRE TRANSF	36,941	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	40,230	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	87,442	WIRE TRANSF	9,544	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	76,078	WIRE TRANSF	-2,925	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	68,650	WIRE TRANSF	6,837	[A] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	37,167	WIRE TRANSF	5,344	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	66,186	WIRE TRANSF	2,201	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART V	84,484	WIRE TRANSF	4,678	[D] - Part V	Cost
	I	Sub-Saharan Africa	SEE PART V	18,500	WIRE TRANSF	1,302	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	18,994	WIRE TRANSF	63,620	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	93,697	WIRE TRANSF	4	[E] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	63,202	WIRE TRANSF	16,966	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	79,212	WIRE TRANSF	11,299	[H] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	54,309	WIRE TRANSF	-4,603	[D] - Part V	Cost
		South Asıa	SEE PART V	90,425	WIRE TRANSF	0	N/A	N/A
		South Asıa	SEE PART V	10,940	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	SEE PART V	148,947	WIRE TRANSF	0	N/A	N/A
		South Asia	SEE PART V	17,317	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Africa	SEE PART V	66,449	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	106,474	WIRE TRANSF	24,638	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	41,904	WIRE TRANSF	4,209	[D] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	37,722	WIRE TRANSF	17,693	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	78,594	WIRE TRANSF	40,792	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	44,611	WIRE TRANSF	7,640	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	30,088	WIRE TRANSF	8,337	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	45,762	WIRE TRANSF	9,725	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	57,017	WIRE TRANSF	4,682	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	40,141	WIRE TRANSF	6,362	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	42,864	WIRE TRANSF	7,214	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	50,406	WIRE TRANSF	11,821	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	39,154	WIRE TRANSF	20,446	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	30,440	WIRE TRANSF	3,495	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	26,099	WIRE TRANSF	17,770	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	35,290	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	18,789	WIRE TRANSF	7,729	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	23,496	WIRE TRANSF	5,682	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	42,765	WIRE TRANSF	992	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I	Sub-Saharan Afrıca	SEE PART V	77,432	WIRE TRANSF	41,067	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	5,811	WIRE TRANSF	0	N/A	N/A
	I	Sub-Saharan Afrıca	SEE PART V	7,804	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	6,374	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	5,169	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	16,590	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	64,728	WIRE TRANSF	7,032	[D] - Part V	Cost
	I	Sub-Saharan Africa	SEE PART V	46,750	WIRE TRANSF	5,327	[F] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	12,175	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Pogion	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	33,182	WIRE TRANSF	6,965	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	39,560	WIRE TRANSF	9,779	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	7,773	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	13,302	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	43,818	WIRE TRANSF	6,968	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	44,778	WIRE TRANSF	7,562	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	10,295	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	67,312	WIRE TRANSF	16,998	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	68,266	WIRE TRANSF	10,834	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	42,914	WIRE TRANSF	27,865	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	35,518	WIRE TRANSF	11,710	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	91,863	WIRE TRANSF	7,592	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	27,956	WIRE TRANSF	6,965	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	38,990	WIRE TRANSF	8,972	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	16,540	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	34,653	WIRE TRANSF	34,512	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	6,389	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	51,388	WIRE TRANSF	6,952	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	34,207	WIRE TRANSF	699	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	12,294	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	67,998	WIRE TRANSF	12,339	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	18,000	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	28,450	WIRE TRANSF	428	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	17,829	WIRE TRANSF	3,518	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	21,243	WIRE TRANSF	5,348	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	24,721	WIRE TRANSF	9,668	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	30,034	WIRE TRANSF	13,592	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	31,707	WIRE TRANSF	13,694	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	29,305	WIRE TRANSF	13,975	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	10,534	WIRE TRANSF	2,453	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	5,686	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Africa	SEE PART V	40,028	WIRE TRANSF	6,775	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	156,216	WIRE TRANSF	37,288	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	54,665	WIRE TRANSF	43,226	[D] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	25,540	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	53,154	WIRE TRANSF	4,049	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	106,633	WIRE TRANSF	36,185	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	63,758	WIRE TRANSF	6,278	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	117,916	WIRE TRANSF	8,497	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	99,217	WIRE TRANSF	64,514	[D] - Part V	Cost
		South Asıa	SEE PART V	244,145	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	192,994	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART V	34,375	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Africa	SEE PART V	122,467	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	98,704	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	138,401	WIRE TRANSF	53,433	[D] - Part V	Cost
		South Asıa	SEE PART V	50,085	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	85,937	WIRE TRANSF	45,723	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	l .	Sub-Saharan Afrıca	SEE PART V	42,099	WIRE TRANSF	5,908	[D] - Part V	Cost
	l .	Sub-Saharan Afrıca	SEE PART V	43,200	WIRE TRANSF	10,275	[D] - Part V	Cost
	l .	Sub-Saharan Africa	SEE PART V	19,715,782	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART V	92,508	WIRE TRANSF	4,780	[E] - Part V	Cost
		Sub-Saharan Africa	SEE PART V	150,044	WIRE TRANSF	37,389	[F] - Part V	Cost
		Sub-Saharan Afrıca	SEE PART V	61,701	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	321,296	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	10,685	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	11,737	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	315,000	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	183,011	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	72,305	WIRE TRANSF	25,681	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART V	79,730	WIRE TRANSF	22,783	[D] - Part V	Cost
	I	Sub-Saharan Africa	SEE PART V	15,540	WIRE TRANSF	7,558	[D] - Part V	Cost
	I	Sub-Saharan Afrıca	SEE PART V	60,086	WIRE TRANSF	5,692	[D] - Part V	Cost

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	SEE PART V	69,545	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	14,955	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	115,746	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	703,498	WIRE TRANSF	84,235	[F] - Part V	Cost
	1	Sub-Saharan Afrıca	SEE PART V	43,951	WIRE TRANSF	0	N/A	N/A
	1	Sub-Saharan Afrıca	SEE PART V	32,333	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	Sub-Saharan Afrıca	SEE PART V	90,049	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Africa	SEE PART V	165,598	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	50,870	WIRE TRANSF	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asıa	SEE PART V	23,754	WIRE TRANSF	0	N/A	N/A
		Sub-Saharan Afrıca	SEE PART V	71,449	WIRE TRANSF	0	N/A	N/A

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493299005182

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	F Attac	A to Form 990	0 01 1 01111 990	0-EZ. 🟲 See separate instructi	ons.	Inspection
Elizabeth Glaser pediatric AID	S Foundation'				Employer iden	ntification number
					95-4191698	
Part I Fundraising A	ctivities. Comple	te if the o	organızat	cion answered "Yes" t	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	anızatıon raısed fund:	s through a	any of the	following activities Che	eck all that apply	
a 🔽 Mail solicitations			e	Solicitation of non	-government grants	
b 🔽 Internet and e-mail s	solicitations		f	Solicitation of gov	ernment grants	
c 🔽 Phone solicitations			g	Special fundraisin	g events	
d 🔽 In-person solicitatio	ns					
 Did the organization have or key employees listed in the second of the se	in Form 990, Part VI est paid individuals o	I) or entity or entities	y in conne (fundraise	ction with professional f	undraising services? ents under which the fun	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	I Na I			
Furo A marican Communication	Direct mail	+ ''-	No No	21 605	2 6 9 5	29.010
EuroAmerican Communication Innovative Philanthropy	Direct mail Fundraising	163	No No	31,695 2,044,724	2,685 284,478	<u> </u>
			No		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
		. ,	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Kids For Kids C	A Time for Hero	0	(Add col (a) through col (c))
do			(event type)	(event type)	(total number)	
喜	1	Gross receipts	973,674	1,071,050		2,044,724
Revenue	2	Less Charitable contributions	958,374	1,038,150		1,996,524
	3	Gross income (line 1 minus line 2)	15,300	32,900		48,200
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	179,750	314,804		494,554
ă	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	262,906	120,212		383,118
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(877,672)
	11	Net income summary Combine III	nes 3 and 10 ın column (d)	•	-829,472
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)		
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in each	n of these states?		· Fyes FNo
10a b		e any of the organization's gaming l	icenses revoked, susper	ded or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493299005182

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(a) Name and address of

organization

Name of the organization Elizabeth Glaser pediatric AIDS Foundation' Employer identification number

95-4191698

(g) Description of

non-cash assistance

Part I	General Information on Grants and Assistance	

(b) EIN

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

(h) Purpose of grant

or assistance

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

(c) IRC Code section

ıf applicable

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

(e) A mount of non-

cash

(f) Method of

valuation

(d) A mount of cash

arant

organization or government		if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) African Medical and Research Foundation4 West 43rd Street NEW YORK, NY 10036	13-1867411	501(C)(3)	101,455	0	N/A	N/A	SEE PART V
(2) AIDS Healthcare Foundation6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES,CA 90028	95-4112121	501(c)(3)	1,421,163		N/A	N/A	SEE PART V
(3) Baylor College of MedicineONE BAYLOR PLAZA HOUSTON,TX 77030	20-2951275	501(C)(3)	480,083		N/A	N/A	SEE PART V
(4) Food for the Hungry Inc 1224 EAST WASHINGTON ST PHOENIX,AZ 85034	95-2680390	501(C)(3)	239,970		N/A	N/A	SEE PART V
(5) HOPE Worldwide Cote d'Ivoire353 WEST LANCASTER AVE SUITE 200 WAYNE,PA 19087	91-1867491	501(C)(3)	297,825		N/A	N/A	SEE PART V
(6) J F Kapnek Charitable Trust936 DEWING AVENUE SUITE E3 LAFAYETTE, CA 94549	23-7165692	501(C)(3)	1,799,566	62,470	COST	SEE PART V	SEE PART V
(7) JSI Research & Training 44 FARNSWORTH BOSTON,MA 02210	04-2679824	501(C)(3)	6,145		N/A	N/A	SEE PART V
(8) PATH2201 WESTLAKE AVENUE NO 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	285,375		N/A	N/A	SEE PART V
(9) The University Of Alabama At Birmingham1530 3RD AVENUE SOUTH BIRMINGHAM,AL 35294	65-6005396	501(C)(3)	19,715,782		N/A	N/A	SEE PART V
(10) Tiny Tim and Friends 14204 WOODHAVEN ROAD MINNETONKA,MN 55345	26-3545125	501(C)(3)	92,508	4,780	COST	SEE PART V	SEE PART V
(11) Wake Forest University Health SciencesMEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	703,498	84,235	COST	SEE PART V	SEE PART V
(12) World Relief7 EAST BALTIMORE STREET BALTIMORE, MD 21202	23-6393344	501(C)(3)	32,333		N/A	N/A	SEE PART V

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

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

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

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

Identifier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	Line 2	The Foundation uses a multi-faceted, risk-based approach for the monitoring and support of its grantees A pre-award assessment of the grantee determines an initial risk level for financial/administrative performance Based on the initial risk level, and subsequent on-site visits and document reviews, the Foundation decides the nature and frequency of grantee monitoring and the level of capacity building needed Monitoring and support are conducted by both technical staff and operations staff Technical staff monitor and help improve programmatic results of the grants Operations staff such as contracts and grants and finance staff audit grantees financial expenditures and administrative systems to ensure that expenditures charged to the Foundations funds are allowable, allocable, and reasonable If not, the costs are disallowed by the Foundation and other corrective actions taken
Description of Non Cash Assistance	SCHEDULE I, PART II, LINE 1 (G)	one or more motorized vehicles/ vehicle related accessories and/or office equipment
	SCHEDULE I, PART II, LINE 1 (H)	TO FURTHER PMTCT AND/OR CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES IN SUB-SAHARAN AFRICA THROUGH DIRECT SUPPORT, CAPACITY BUILDING, AND RESEARCH

Software ID:

Software Version:

EIN: 95-4191698

Name: Elizabeth Glaser pediatric AIDS Foundation'

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
African Medical and Research Foundation4 West 43rd Street NEW YORK, NY 10036	13- 1867411	501(C)(3)	101,455	0	N/A	N/A	SEE PART V
AIDS Healthcare Foundation6255 W SUNSET BLVD 21ST FLOOR LOS ANGELES,CA 90028	95- 4112121	501(c)(3)	1,421,163		N/A	N/A	SEE PART V

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor College of MedicineO NE BAYLOR PLA ZA HOUSTON,TX 77030	20- 2951275	501(C)(3)	480,083		N/A	N/A	SEE PART V
Food for the Hungry Inc1224 EAST WASHINGTON ST PHOENIX, AZ 85034	95- 2680390	501(C)(3)	239,970		N/A	N/A	SEE PART V

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE Worldwide Cote d'Ivoire353 WEST LANCASTER AVE SUITE 200 WAYNE,PA 19087	91- 1867491	501(C)(3)	297,825		N/A	N/A	SEE PART V
J F Kapnek Charitable Trust936 DEWING AVENUE SUITE E3 LAFAYETTE, CA 94549	23- 7165692	1 5017(**)(3)	1,799,566	62,470	COST	SEE PART V	SEE PART V

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JSI Research & Training44 FARNSWORTH BOSTON, MA 02210	04- 2679824	501(C)(3)	6,145		N/A	N/A	SEE PART V
PATH2201 WESTLAKE AVENUE NO 200 SEATTLE, WA 98121	91- 1157127	501(C)(3)	285,375		N/A	N/A	SEE PART V

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University Of Alabama At Birmingham1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	65- 6005396	501(C)(3)	19,715,782		N/A	N/A	SEE PART V
Tiny Tim and Friends 14204 WOODHAVEN ROAD MINNETONKA, MN 55345	26- 3545125	501(C)(3)	92,508	4,780	COST	SEE PART V	SEE PART V

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wake Forest University Health SciencesMEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22- 3849199	501(C)(3)	703,498	84,235	COST	SEE PART V	SEE PART V
World Relief7 EAST BALTIMORE STREET BALTIMORE, MD 21202	23- 6393344	501(C)(3)	32,333		N/A	N/A	SEE PART V

DLN: 93493299005182

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Name of the organization

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, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Eliza	abeth Glaser pediatric AIDS Foundation' 95-4191698			
Pa	rt I Questions Regarding Compensation			
	ęussus negaranią compensation		Yes	No
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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations 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	ן ו		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	•		140

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

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

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental		Part I, Question 1a - The Foundation pays for the housing of all of its US Expatriates and Third-Country Nationals living and working in Sub-Saharan Africa
Compensation		These amounts are included in column iii of Schedule J, part II above These individuals are William Salmond, Nancy Fitch, Maurice Adams, Susan Michaels-
Information		Strasser, Adam Silver, Mary Pat Kieffer, Denis Tindyebwa, Patricia Mbetu, Cathrien Alons-Kehus, Roland Van de Ven, Alexandre Boon, Mohammed Mahdi and
		Jeroen Van't Pad Bosch

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 95-4191698

Name: Elizabeth Glaser pediatric AIDS Foundation'

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Lyons II Charles J	(I) (II)	358,284 0	72,500 0	23,032 0	87,150 0	19,831 0	560,797 0	0
Adams Maurice	(1) (11)	158,599 0	0	109,293 0	53,014 0	12,073 0	332,979 0	0
Hellmann Nıcholas S	(1) (11)	247,058 0	0	24,352 0	17,150 0	1,498 0	290,058 0	0
Carrazana Carlos A	(I) (II)	246,513 0	0	16,860 0	16,500 0	6,713 0	286,586 0	0
O'Brien Philip	(I) (II)	232,570 0	0	17,150 0	17,150 0	3,944 0	270,814 0	0
Salmond William	(1) (11)	122,363 0	0	114,539 0	10,340	11,873	259,115 0	0
Devine-Karlın Patrıcıa	(1) (11)	200,637 0	0	16,740 0	14,982 0	36,681 0	269,040 0	0
Silver Adam C	(1) (11)	85,718 0	0	134,512 0	6,891 0	13,314	240,435 0	0
Simonds Robert J	(I) (II)	196,714 0	0	24,832 0	15,322 0	1,890 0	238,758 0	0
Zakrewsky Colleen	(I) (II)	196,489 0	0	15,162 0	14,922 0	11,541	238,114 0	0
Gıphart Adrıaantje	(I) (II)	189,030 0	0	14,791 0	14,431 0	18,111 0	236,363	0
Ward-Dahl Tamara L	(I) (II)	176,717 0	0	22,552 0	14,169 0	18,535 0	231,973 0	0
Tındyebwa Denis	(I) (II)	89,268 0	0	119,570 0	8,197 0	13,550 0	230,585 0	0
Lee Stephen	(1) (11)	185,536 0	0	16,740 0	13,640 0	7,422 0	223,338	0
Van't Pad Bosch Jeroen	(1) (11)	96,516 0	0	104,862 0	7,704 0	13,479 0	222,561 0	0
Horner Douglas	(1) (11)	172,238 0	0	13,615 0	13,255 0	18,215 0	217,323 0	0
Alons-Kehus Cathrien	(I) (II)	83,954 0	0	112,753 0	6,758 0	13,296 0	216,761 0	0
Van de Ven Roland	(1) (11)	78,026 0	0		4,602 0	6,721 0		0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Buhendwa Leo	(I) (II)	•	0	103,274 0	7,199 0	13,403 0	210,620	0
Pennıman Elizabeth	(I) (II)		0	17,052 0	12,915 0	11,882 0	208,125	0
Savosnick Peter	(I) (II)		0	81,125 0	8,665 0	7,897 0	203,064	0
Boon Alexandre	(I) (II)		0	113,816 0	0 0	7,204 0	201,544	0
Mıchaels-Strasser Susan	(I) (II)		0	96,034 0	7,416 0	13,438 0	200,494	0
Mbetu Patrıcıa	(I) (II)		0	81,923 0	7,782 0	9,088 0	199,761 0	0
Van Zyl Cornelia	(I) (II)		0	68,550 0	0	7,665 0	177,580 0	0
Fitch Nancy	(I) (II)		0	90,234	9,616 0	12,888 0	226,373	0
Mahdı Mohammed	(I) (II)		0	54,551 0	7,046 0	7,638 0	162,601	0
Mahomva Agnes	(ı) (ıı)		0	50,054 0	2,073 0	7,288 0	180,518 0	О

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

DLN: 93493299005182

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection **Employer identification number**

Name of the organization Elizabeth Glaser pediatric AIDS Foundation'

					95-4191698			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
1	Art—Works of art			-				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	5	31,772	cost or selling pric			
LO	Securities—Closely held stock .							
l 1	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L 4	Qualified conservation contribution—Other							
L 5	Real estate—Residential .							
L6	Real estate—Commercial							
.7	Real estate—O ther							
18	Collectibles							
L 9	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	food items for special Other ► (events)	X	4	29.865	cost/selling price			
	toys, gifts			,	<u> </u>			
	cards, etc							
	distributed at		3	27.206	cost/selling price			
	Other ► (<u>events</u>) Other ► (<u>airline miles</u>)	X	1	·	cost/selling price			
27 28	Other ► ()			-00,017	cost/selling price			
29	Number of Forms 8283 received	L by the ora	l anization during the tay ve:	r for contributions				
	for which the organization compl				29		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement					Jou		
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II					1 !	i 1	

Part II

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

Identifier	Return Reference	Explanation
Use of third parties to solicit and process noncash contributions	, ,	The Foundation uses a professional fundraiser to solicit and process non-cash contributions for the Foundation's special fundraising events

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493299005182

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

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

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Elizabeth Glaser pediatric AIDS Foundation'

Employer identification number

95-4191698

ldentifier	Return Reference	Explanation
Description of Other Program Services	· · · · · · · · · · · · · · · · · · ·	The Foundation's other program services include the Foundation's communications, education, and outreach efforts

Identifier	Return Reference	Explanation
Foreign Countries, continued	Form 990, Part V, Line 4B	Zambıa Zımbabw e Democratic Republic of Congo Switzerland

ldentifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	VI, Question 11	Prior to the issuance of the Form 990, the form was reviewed in detail by the Foundations President and Chief Executive Officer, Vice President of Human Resources and Administration, and Controller The CEO, VP of HR and Administration, and Controller of the Foundation also met with the Audit Committee of the Board of Directors to review and approve the 990 prior to its issuance Finally, copies were forwarded to all members of the Board of Directors prior to issuance

ldentifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	Members of the Foundation's governing body as well as Foundation staff are asked to sign a statement requiring them to disclose any conflicts of interest on an annual basis. In addition, staff are made aware of the Foundation's policy upon hiring and are asked to disclose the existence of any conflicts of interest at that time. The current policy, which covers all Foundation employees, requires that all personnel immediately notify the Vice President of Human Resources and Administration as soon as potential conflicts arise. The VP of Human Resources and Administration will then determine the appropriate channels of consideration for the conflict and respond to the disclosing party before the transaction in question may be consummated. Non-responses are revisited by appropriate members of management.

ldentifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a	In order to determine the compensation package given to the Foundation's president and chief executive officer, the Foundation has in the past engaged a well known executive recruiter to accumulate compensation data for candidates from similar organizations in the not-for-profit community and has engaged an outside attorney to provide further guidance regarding the proposed compensation package. In the current year, the Foundation reviewed independent survey data looking at other not-for-profit organizations of similar size and gross revenue and revisited the data obtained from the aforementioned executive recruiter for use as a benchmark. Based on that data, the Foundations board of directors, a body composed of persons who do not have a conflict of interest with respect to the arrangement, met in executive session to discuss the compensation package to be given to the Foundation's president and chief executive officer. Documentation supporting the decision that was made is maintained by the Foundation's Vice President of Human Resources and Administration.

ldentifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15b	In order to determine and ensure equitable compensation packages for the Foundation's officers and key employees, the Foundation engaged a global compensation consulting firm to help establish a global salary structure, identify key positions and match them to relevant compensation surveys to ensure the appropriate placement of positions within the salary structure, and to analyze employees individual compensation levels, based on performance and relevant experience. In addition, throughout the year, the Foundation has utilized survey data from similar organizations in the not-for-profit community as well as reviewed independent survey data looking at other not-for-profit organizations of similar size and gross revenue. Salaries for new hires and for continuing employees is adjusted as necessary based on the Foundation's salary structure and the most recently available benchmark data. Based on that data, the Foundations Vice President of Human Resources and Administration and other members of management as necessary, persons who did not have a conflict of interest with respect to the compensation packages given to other officers and key employees that they supervise, agreed upon the appropriate compensation packages. Documentation supporting compensation decisions is maintained by the Foundation's Vice President of Human Resources and Administration.

ldentifier	Return Reference	Explanation
		The Foundation makes its annual, audited financial statements as well as its IRS Form 990 available to the public on its website, http://www pedaids org Because the Foundation considers its conflict of interest policy and governing documents to be proprietary information, however, the Foundation does not make those specific policies available to the public

ldentifier	Return Reference	Explanation
Explanation of other changes in net assets or fund balances	Form 990, Part XI, Line 5	Unrealized gain/ (loss) on investments = (\$18,137)

Software ID: Software Version:

EIN: 95-4191698

Name: Elizabeth Glaser pediatric AIDS Foundation'

Form 990, Special Condition Description:

Special Condition Description

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

(A)	(B)			C)				(D)	(E)	(F)
Name and Title	A verage hours per	Position (check all that apply)						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Paul Glaser Honorary Chairman of the Board	10	Х								
Willow Bay Co-Chair of the Board	10	Х								
Russ Hagey Co-Chair of the Board	1 0	Х								
Bill Belifore Vice Chair of the Board	1 0	Х								
Annie Hill Secretary of the Board	1 0	Х								
Mark Dybul MD Board Member	1 0	Х								
Jeff Elton PhD Board Member	1 0	Х								
Jennifer Fox Board Member	1 0	Х								
Paul Johnson Board Member	10	Х								
Joseph Mike McCune MD PhD Board Member	1 0	Х								
Stuart Pape Board Member	1 0	Х								
George Wellde Board Member	1 0	Х								
Lyons II Charles J President and CEO	40 0	Х		х				453,816	0	106,981
Hellmann Nicholas S Executive VP, Medical & Scient	40 0			х				271,410	0	18,648
Carrazana Carlos A Chief O perating Officer	40 0			Х				263,373	0	23,213
O'Brien Philip EVP, Communications, Advocacy,	40 0			Х				249,720	0	21,094
Adams Maurice Vice President, Country Manage	40 0				X			267,892	0	65,087
Salmond William Regional Director, Africa Oper	40 0				Х			236,902	0	22,213
Devine-Karlin Patricia Vice President, Global Busines	40 0				Х			217,377	0	51,663
Simonds Robert J Vice President, Program Innova	40 0				X			221,546	0	17,212
Zakrewsky Colleen Vice President, Development	40 0				×			211,651	0	26,463
Giphart Adriaantje Vice President, Program Implem	40 0				Х			203,821	0	32,542
Ward-Dahl Tamara L Vice President, Admin and Huma	40 0				Х			199,269	0	32,704
Lee Stephen Program Director, Prevention,	40 0				Х			202,276	0	21,062
Van't Pad Bosch Jeroen Country Director, Tanzania	40 0				Х			201,378	0	21,183

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

(A) Name and Title	(B) (C) Average Position (hours that a				cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Horner Douglas Vice President, Awards and Com	400				х			185,853	0	31,470
Buhendwa Leo Country Director, Lesotho	400				х			190,018	0	20,602
Pennıman Elizabeth Vice President, Public Policy	400				Х			183,328	0	24,797
Savosnick Peter Country Director, Kenya	400				х			186,502	0	16,562
Michaels-Strasser Susan Country Director, Zambia	400				х			179,640	0	20,854
Mbetu Patricia Country Director, Malawi	400				х			182,891	0	16,870
Van Zyl Cornelia Country Director, Rwanda	400				Х			169,915	0	7,665
Fitch Nancy Director, Health System Streng	400				х			203,869	0	22,504
Mahdı Mohammed Country Director - Swazıland	400				х			147,917	0	14,684
Mahomva Agnes Country Director - Zimbabwe	400				х			171,157	0	9,361
Silver Adam C Director of Int'l Operations	400					Х		220,230	0	20,205
Tındyebwa Denis Regional Director, Pediatric	400					Х		208,838	0	21,747
Alons-Kehus Cathrien Technical Director, Mozambique	400					Х		196,707	0	20,054
Van de Ven Roland Technical Director, Tanzania	400					Х		199,711	0	11,323
Boon Alexandre Associate Tech Dir, Mozambique	400					Х		194,340	0	7,204