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Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

See Schedule O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 6,806,386 including grants of \$ 5,547,000 ) (Revenue \$ )

The Elton John AIDS foundation awarded \$5,547,000 in grants to HIV/AIDS Related programs conducted in the United States Please Refer to Schedule O for further information regarding the Elton John AIDS foundation's Grant making priorities

4b

(Code ) (Expenses \$ 1,006,510 including grants of \$ 820,275 ) (Revenue \$ )

The Elton John AIDS foundation awarded \$820,275 to organizations with HIV/AIDS related programs conducted outside the United States Please refer to schedule O for further information regarding the Elton John AIDS foundation's grant making priorities

4c

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

4d

Other program services (Describe in Schedule O )




















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

4e

Total program service expenses

7,812,896

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	68	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c 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	
e 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
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a 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	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

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 O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue 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 this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
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? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA , FL , GA , NY , PA
18	Section 6104 requires an organization to make its 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SCOTT CAMPBELL 584 BROADWAY SUITE 906 NEW YORK, NY 10012 (212) 219-0670

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sir Elton John Founder	4 0	X		X				0	0	0
(2) David Furnish Chairman	4 0	X		X				0	0	0
(3) M Michele Burns Treasurer	4 0	X		X				0	0	0
(4) Barron Segar Secretary	4 0	X		X				0	0	0
(5) Anne Aslett Executive Board Member	4 0	X						0	0	0
(6) Edwina Barbis Executive Board Member	4 0	X						0	0	0
(7) Billie Jean King Executive Board Member	4 0	X						0	0	0
(8) Ilana Kloss Executive Board Member	4 0	X						0	0	0
(9) Sarah McMullen Executive Board Member	4 0	X						0	0	0
(10) Thomas E Moore III Executive Board Member	4 0	X						0	0	0
(11) Frank Presland Executive Board Member	4 0	X						0	0	0
(12) John Scott Executive Board Member	4 0	X						0	0	0
(13) Scott P Campbell Executive Director	60 0	X		X				288,000		28,524



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>							288,000	0	28,524	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

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

## **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AAB PRODUCTIONS INC, 64 ALLEN STREET 5TH FLR NEW YORK NY 10002	EVENT COOR	116,000
West Wing Writes, 1150 Connecticut Ave NW WASHINGTON DC 20036	Comm Consult	120,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	7,763,903			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e	210,677			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,075,186			
	g	Noncash contributions included in lines 1a-1f \$	181,699			
	h	Total. Add lines 1a-1f . . . . .	10,049,766			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	94,297			94,297
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	212,545			212,546
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)	0			0
	d	Net rental income or (loss) . . . . .	0			
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .	0			
	8a	Gross income from fundraising events (not including \$ 7,763,903 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	a		1,038,564			
	b	Less direct expenses . . . . . b	1,856,482			
	c	Net income or (loss) from fundraising events . . . . .	-817,918			-817,918
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	a					
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	a					
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .	0			
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	0			
	12	Total revenue. See Instructions . . . . .	9,538,690			-511,075

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	6,194,775	6,194,775		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	172,500	172,500		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	316,524	158,262	63,305	94,957
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.	172,998	86,499	34,600	51,899
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,320		5,320	
9	Other employee benefits.	37,467		37,467	
10	Payroll taxes.	25,008		25,008	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	23,116	4,623	11,558	6,935
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	8,090		8,090	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	0			
13	Office expenses.	115,270		115,270	
14	Information technology.	19,782		19,782	
15	Royalties.	0			
16	Occupancy.	74,435		74,435	
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	91,804		91,804	
23	Insurance.	18,202		18,202	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	COMMUNICATION & MARKETING	366,078	366,078		
b	GREATER THAN AIDS GRANT EXPENS	228,310	228,310		
c	GRANT MAKING PROGRAM DEVELOPME	110,961	110,961		
d	DEVELOPMENT GENERAL	56,609	14,152		42,457
e	All other expenses	622,689	476,736	95,485	50,468
25	Total functional expenses. Add lines 1 through 24e.	8,659,938	7,812,896	600,326	246,716
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,133,476	1	1,727,798
	2	Savings and temporary cash investments . . . . .			2,957,499	2	3,185,893
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			56,415	7	56,415
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	87,127	13,240	10c	19,629
	b	Less accumulated depreciation . . . . .	10b	67,498			
	11	Investments—publicly traded securities . . . . .			3,336,034	11	4,505,246
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets See Part IV, line 11 . . . . .			19,450	15	19,450
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			8,516,114	16	9,514,431	
Liabilities	17	Accounts payable and accrued expenses . . . . .			0	17	120,499
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			934	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			0	25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .			934	26	120,499
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			8,498,348	27	9,393,932
	28	Temporarily restricted net assets . . . . .			16,832	28	0
	29	Permanently restricted net assets . . . . .			0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			8,515,180	33	9,393,932
	34	Total liabilities and net assets/fund balances . . . . .			8,516,114	34	9,514,431

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	9,538,690
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,659,938
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	878,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	8,515,180
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,393,932

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <div><div><div></div><div></div><div>MODFD</div></div><div>Cash Accrual Other CASH</div></div> <div>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</div>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <div>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</div> <div><div></div> Separate basis <div></div> Consolidated basis <div></div> Both consolidated and separate basis</div>	2a	No
b	Were the organization's financial statements audited by an independent accountant? <div>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</div> <div><div></div> Separate basis <div></div> Consolidated basis <div></div> Both consolidated and separate basis</div>	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? <div>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</div>	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A

(Form 990 or 990EZ)

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Elton John AIDS Foundation Inc	Employer identification number 58-2033460
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 <b>section 509(a)(2)</b> . (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/>	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 <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) 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 U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,703,357	8,566,590	8,514,470	13,704,425	10,282,090	47,770,932
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,184,723	755,930	1,189,750	971,768	806,240	4,908,411
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	7,888,080	9,322,520	9,704,220	14,676,193	11,088,330	52,679,343
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,616,047	1,577,392	928,270	2,630,058	328,498	7,080,265
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,407,601	1,931,852	2,058,768	3,275,888	2,221,588	10,895,697
c Add lines 7a and 7b	3,023,648	3,509,244	2,987,038	5,905,946	2,550,086	17,975,962
8 Public support (Subtract line 7c from line 6.)						34,703,381

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	7,888,080	9,322,520	9,704,220	14,676,193	11,088,330	52,679,343
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,371	104,663	106,584	82,004	306,842	710,464
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	110,371	104,663	106,584	82,004	306,842	710,464
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	61,606	149,445				211,051
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,060,057	9,576,628	9,810,804	14,758,197	11,395,172	53,600,858
14 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 2013 (line 8, column (f) divided by line 13, column (f))	15	64.744%	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	62.968%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.325%	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.441%	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization Elton John AIDS Foundation Inc	Employer identification number 58-2033460
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

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

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? 

☐ Yes ☐ No

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

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

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

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

- |  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .	0	65,909	46,281	19,629
e Other . . . . .		21,218	21,217	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				19,629



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	11,395,172
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<b>2e</b>	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,395,172
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	<b>4c</b>	-1,856,482
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	9,538,690

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,516,420
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	<b>2e</b>	1,856,482
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,856,482
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,659,938
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :	<b>4c</b>	8,659,938
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	8,659,938

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Part X, line 2	The foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of the state code. Therefore, no provision for income tax has been recorded in the accompanying modified cash basis of accounting financial statements. The foundation is not aware of any activity that would cause it to lose its non-profit status nor does it believe there is any unrelated business taxable income subject to income tax. The Foundation is no longer subject to income tax examinations by tax authorities for years before 2009.
Schedule D, Part XI, Line 4b - special event expense	1,856,482 - special event expenses included as an expense in the financial statements, but that is included as negative revenue for tax presentation purposes.
Schedule D, Part XII, Line 2d - special event expense	1,856,482 - special event expenses included as an expense in the financial statements, but that is included as negative revenue for tax presentation purposes.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
Elton John AIDS Foundation Inc

Employer identification number  
58-2033460

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) North America			Grantmaking	N/A	50,000
( 2 ) Central America and the Caribbean			Grantmaking	N/A	112,500
( 3 ) Europe (Including Iceland and Greenland)			Grantmaking	N/A	10,000
( 4 )					
( 5 )					
3a Sub-total					172,500
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					172,500

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )	See Add'l Data								
( 2 )									
( 3 )									
( 4 )									
( 5 )									
( 6 )									
( 7 )									
( 8 )									
( 9 )									
( 10 )									
( 11 )									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

2

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

5

3

Enter total number of other organizations or entities . . . . . ▶

5



Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Outside U S	Schedule F, Part I, Line 2 Elton John AIDS foundation, Inc regularly evaluates its grant-making priorities within the context of the ever-changing challenges and needs of the evolving HIV/AIDS epidemic, targeting its grant awards where they will make the greatest impact Elton John AIDS foundation, Inc has expanded not only the amount of money given but also so strategically targeted key populations that are poorly served by current prevention efforts and most at risk of infection including critically under-funded communities of the southern United States, the Caribbean, and Latin America Elton John AIDS foundation, Inc requires the submission of interim and final report from all organizations receiving funds Additionally, the foundation frequently conducts site visits and in-person meetings with grantees to assess their progress

Additional Data

Software ID:  
Software Version:  
EIN: 58-2033460  
Name: Elton John AIDS Foundation Inc

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Policy Advoacy	10,000	wire trans			
		Central America and the Caribbean	Proyecto SEP (Syringe Exchange Project) de Puerto Rico	25,000	Wire trans			
		Central America and the Caribbean	Syringe Access in Central Eastern Puerto Rico	37,500	Wire trans			
		North America	HIV policy and advocacy	50,000	Wire trans			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MSM	50,000	Wire trans			

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization Elton John AIDS Foundation Inc	Employer identification number  58-2033460
--	--

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

- 1

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

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			<u>AEV</u> (event type)	<u>Oscar</u> (event type)	<u>0</u> (total number)		
	1	Gross receipts . . . .	3,582,765	4,542,156	677,546	8,802,467	
	2	Less Contributions . . .	3,248,005	3,879,507	636,391	7,763,903	
	3	Gross income (line 1 minus line 2) . . . .	334,760	662,649	41,155	1,038,564	
Direct Expenses	4	Cash prizes . . . .					
	5	Noncash prizes . . . .					
	6	Rent/facility costs . . .	144,139	44,502		188,641	
	7	Food and beverages . .		201,418		201,418	
	8	Entertainment . . . .					
	9	Other direct expenses .	353,231	1,110,438	2,754	1,466,423	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(1,856,482)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					-817,918

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

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

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Elton John AIDS Foundation Inc

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
58-2033460

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

111

3

Enter total number of other 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.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

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

Return Reference	Explanation
Schedule I, Part I, Line 2	ELTON JOHN AIDS FOUNDATION, INC REQUIRES THE SUBMISSION OF THE INTERIM AND FINAL REPORTS FROM ALL ORGANIZATIONS RECEIVING FUNDING ADDITIONALLY,THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN-PERSON MEETINGS WITH GRANTEES TO ASSESS THEIR PROGRESS GRANTS GIVEN TO THE FOLLOWING ORGANIZATIONS ARE MADE WITH THE INTENTION THAT THEY ARE BENEFITING PEOPLE IN SOUTH AMERICA AND THE CARIBBEAN AID FOR AIDS NEWYORK, NY, AMFAR THE FOUNDATION FOR AIDS RESEARCH, CARIBBEAN BROADCAST MEDIA PARTNERSHIP ON HIV/AIDS INITIATIVE, COLLABORATIVE TREATMENT PREPAREDNESS, The U S Fund for UNICEF, AND TIDES CENTER

Additional Data

Software ID:  
Software Version:  
EIN: 58-2033460  
Name: Elton John AIDS Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partners In Health 888 Commonwealth Avenue Boston, MA 02215	04-3567502	501c3	500,000				Expanding medical care and access to HV treatment in the Caribbean

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kaiser Family FoundationCaribbean Broadcast Media 2400 Sand Hill Road Menlo Park, CA 94025	94-6064808	501c3	350,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS United 1424 K St NE Washington DC,DC 20005	52-1706646	501c3	450,000				National HIV initiatives

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HarborPath 3830 Forest Dr Ste 218 Columbia, SC 29204	45-5174402	501c3	250,000				HIV counseling, testing, and linkage to treatment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Civil Liberties Union Foundation 125 Broad St 18th Fl New York, NY 11238	13-6213516	501c3	150,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TAG Treatment Action Group 611 Broadway New York, NY 100122608	13-3624785	501c3	150,000				HIV policy and advocacy



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Housing Works Inc 57 Willoughby St Brooklyn, NY 11201	13-3584089	501c3	132,775				LGBT Health/HIV Prevention in the Caribbean and Syringe Access

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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New York Lesbian & Gay Experimental Film Festival 224 Fifth Ave 5th Fl New York, NY 10001	27-2773386	501c3	125,000				Media and public awareness campaigns

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Point Defiance AIDS Projects 535 Dock St Ste 112 Tacoma,WA 98402	91-1435394	501c3	105,000				North American Syringe Exchange Network

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Community research Initiative of America 230 West 38th St New York, NY 10018	13-3632234	501c3	100,000				Southern United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University PO Box 90360 Durham, NC 27708	56-0532129	501c3	100,000				HIV policy and advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Center for Civic Innovation 65 Broadway Ste 832 New York, NY 10006	02-0590588	501c3	100,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York City AIDS Memorial 208 West 13th St New York, NY 10011	13-3217805	501c3	100,000				Media and public awareness campaigns

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The American Fertility Association 315 Madison Ave New York, NY 10017	13-3126362	501c3	100,000				HIV prevention and risk reduction



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Community Foundation for Greater Atlanta 50 Hurt Plaza Atlanta, GA 30303	58-1344646	501c3	100,000				Training, technical assistance & capacity support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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amfAR The Foundation for AIDS Research 120 Wall St 13th Fl New York, NY 10005	13-3163817	501c3	90,000				Injection drug users

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clinton Health Access Initiative 55 West 125th St New York, NY 10027	31-1580204	501c3	80,000				Expanding access to HIV treatment in the Caribbean

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Care Center for Education & Support Services 222 West 21st St Norfolk, VA 23517	54-1545157	501c3	75,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Philadelphia Center 2020 Centenary Blvd Shreveport, LA 71104	72-1204252	501c3	75,000				Southern United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Positive Impact 60 Eleventh St NE Atlanta, GA 30309	58-1996675	501c3	75,000				HIV counseling, testing, and linkage to treatment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sero Project Inc PO Box 1233 Milford, PA 18337	23-3020962	501c3	75,000				Community empowerment and mobilization for health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The AIDS Institute 17 Davis Blvd Ste 403 Tampa, FL 33606	65-0380952	501c3	75,000				HIV policy and advocacy



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Black AIDS Institute 1833 W 8th St Los Angeles, CA 90057	95-4742741	501c3	75,000				African Americans

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harm Reduction Coalition 22 West 27th St 5th Fl New York, NY 10001	94-3204958	501c3	57,500				Injection Drug Users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Alabama 3521 7th Ave South Birmingham, AL 35222	58-1727755	501c3	50,000				Southern United States

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Foundation Houston 3202 Wesleyan St Houston,TX 77027	76-0073661	501c3	50,000				Incarcerated/Recently Incarcerated Populations

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BASIC NWFL Inc 432 Magnolia Ave Panama City,FL 32401	59-2994863	501c3	50,000				Southern United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Birmingham AIDS Outreach 205 32nd St South Birmingham, AL 35233	63-0948495	501c3	50,000				HIV counseling, testing, and linkage to treatment

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Compass Inc 201 N Dixie Hwy Lake Worth,FL 33460	65-0052657	501c3	50,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Correctional Association of NY 2090 Adam Clayton new york, NY 112155341	13-5562324	501c3	50,000				Incarcerated populations



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Emory University 1518 Clifton Rd Atlanta, GA 30322	58-0566256	501c3	50,000				HIV counseling, testing, and linkage to treatment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Equality Foundation of Georgia 1530 DeKalb AvenueSuite A Atlanta, GA 30307	58-2346744	501c3	50,000				HIV policy and advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Georgia State University PO Box 3995 Atlanta, GA 30302	58-6033185	501c3	50,000				HIV counseling, testing, and linkage to treatment

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health and Home Support Services Inc 3110 Chestnut Ave Newport News, VA 23607	54-1904086	501c3	50,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health Outreach Prevention Education (HOPE) 3540 E 31st St Tulsa, OK 74135	73-1537952	501c3	50,000				Domestic MSM Initiative

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health People Inc 552 Southern Blvd Bronx, NY 10455	51-0418243	501c3	50,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HealthHiv 2000 S St NW Washington, DC 20009	52-2253960	501c3	50,000				African/Caribbean Americans over 25

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hetrick -Martin Institute 2 Astor Place New York, NY 10003	13-3104537	501c3	50,000				HIV policy and advocacy



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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International AIDS Empowerment 211 West Yandell Drive El Paso, TX 79902	74-2967366	501c3	50,000				HIV prevention and risk reduction

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Mississippi Center for Justice 5 Old River PlaceSte 203 Jackson,MS 39202	13-4203234	501c3	50,000				HIV policy and advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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My Brother's Keeper Inc 710 Avignon Dr Ridgeland, MS 39157	64-0937314	501c3	50,000				LGBT/MSM all ages

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NC AIDS Action Network Box 25044 Raleigh, NC 276115044	32-0323779	501c3	50,000				Southern United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Southern AIDS Coalition Inc 3521 7th Avenue South Birmingham, AL 35222	63-0985623	501c3	50,000				HIV policy and advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Hope Foundation 3701 Kirby Suite 1230 Houston, TX 77098	20-5633590	501c3	50,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Fortune Society 29-76 Northern Blvd Long Island, NY 11101	13-2645436	501c3	50,000				HIV counseling, testing, and linkage to treatment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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University of Mississippi 2500 North State Street Jackson, MS 39216	64-6008520	501c3	50,000				HIV counseling, testing, and linkage to treatment



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Urban Justice Center 123 Williams Street New York, NY 10038	13-3442022	501c3	50,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Yale University 47 College St New Haven, CT 06510	06-0646973	501c3	50,000				HIV counseling, testing, and linkage to treatment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Association of Nurses in AIDS Care 3538 Ridgewood Rd Akron, OH 44333	58-1849791	501c3	46,000				HIV policy and advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Attic Youth Center 255 S 16th St Philadelphia, PA 19102	23-3020071	501c3	45,000				LGBT/MSM under 25

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Nashville CARES 633 Thompson Lane Nashville, TN 37204	62-1274532	501c3	42,000				Community empowerment and mobilization for health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Big Bend Cares 2201 South Monroe St Tallahassee, FL 32301	59-2816580	501c3	40,000				LGBT/MSM all ages

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Georgia AIDS Coalition 1110 East Rock Spring Rd Atlanta, GA 30306	58-1852676	501c3	40,000				General population under 25

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jacksonville Area Sexual Minority Youth Network I PO Box 380103 Jacksonville,FL 32205	59-3284175	501c3	40,000				Domestic MSM Initiative



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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STAND Inc 4319 Covington Hwy Decatur, GA 30035	58-2548153	501c3	40,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Resource Center Dallas 2701 Reagan Street Dallas, TX 75219	75-1892059	501c3	38,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Chicago Recovery Alliance 3110 West Taylor St Chicago, IL 606123944	36-3809778	501c3	37,500				Injection drug users

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Public Health Foundation Enterprises 12801 Cross rd City of Industry,CA 91746	95-2557063	501c3	37,500				Injection Drug Users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The People's Harm Reduction Alliance 1415 NE 43rd Street Seattle, WA 98105	35-2307112	501c3	37,500				Injection Drug Users

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Tides Center Presido Bldg 1014 San Francisco, CA 94129	94-3213100	501c3	37,500				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PREVENTION POINT PITTSBURGH 907 West St Pittsburgh, PA 152212841	25-1852314	501c3	37,364				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health Through Walls 12555 Biscayne Blvd North Miami, FL 33181	55-0909719	501c3	35,000				HIV counseling, testing, and linkage to treatment



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Southwest Louisiana AIDS Council 1715 Common Street Lake Charles, LA 70601	71-1115522	501c3	35,000				Southern United States

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Trinity Community Connection 164 West 100th St New York, NY 10025	13-3342240	501c3	35,000				HIV prevention and risk reduction

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mount Sinai Hospital 275 Seventh Avenue New York, NY 10001	13-6171197	501c3	30,903				LGBT/MSM all ages

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alaskan AIDS Assistance Association 1057 W Fireweed Ln Anchorage, AK 99503	92-0113788	501c3	30,000				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Camden Area Health Education 514 Cooper Street Camden, NJ 08102	22-2358827	501c3	30,000				Camden AHEC Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family Health Centers of San Diego Inc 823 Gateway San Diego, CA 921024541	95-2833205	501c3	30,000				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HIPS 1309 Rhode Island Ave Washington, DC 20019	52-1847137	501c3	29,375				Peer Services Expansion

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mendocino County AIDS Viral Hepatitis Network 148 Clara Ave Ukiah, CA 95482	68-0159027	501c3	28,283				SEP (Syringe Exchange Project) General Support



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Berkeley Needle Exchange Distribution 2339 Durant Ave Berkeley, CA 94704	20-0529276	501c3	28,000				HIV/AIDs related General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Any Positive Change Inc PO Box 474 Lower Lake, CA 95457	68-0483272	501c3	25,000				HIV/AIDs related General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Austin Harm Reduction Coalition PO Box 13482 Austin, TX 78711	74-2752554	501c3	25,000				HIV/AIDs related General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bienstar Human Services 5326 E Beverly Blvd Los Angeles, CA 91776	95-4505737	501c3	25,000				Expanded Mobile Outreach Needle Exchange

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Colorado Nonprofit Development Center 733 Santa Fe Dr Denver, CO 80204	84-1493585	501c3	25,000				HIV/AIDs related General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Down East AIDS Network Inc 25 PINE ST SUITE A ELLSWORTH, ME 046052023	01-0441229	501c3	25,000				Maine Harm Reduction Alliance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Medical AIDS Outreach of Alabama 2900 McGehee Rd Montgomery, AL 36111	63-0959628	501c3	25,000				HIV prevention and risk reduction

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Movement Strategy Center 365 hanover ave202 Oakland,CA 94606	20-1037643	501c3	25,000				HIV policy and advocacy



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Okaloosa AIDS Support and Info Services 4 Jackson St NE Ft Walton Beach, FL 32548	59-3089946	501c3	25,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Out Youth 909 E 49th 1/2 Street Austin, TX 78751	74-2732971	501c3	25,000				Domestic MSM Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Planned Parenthood of Greater Orlando Inc 726 S Tampa Ave Orlando, FL 32805	59-3092996	501c3	25,000				Youth and sexual health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Luke's-Roosevelt Hospital Center 1111 Amsterdam Ave New York, NY 10025	13-2997301	501c3	25,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Health Awareness Group 1300 West Fort St Detroit, MI 482263007	38-2704374	501c3	21,250				Injection drug users

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bethany Place 821 WA ST4 BELLEVILLE,IL 622201196	37-1283362	501c3	20,000				HIV/AIDs related General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Friends in Deed 594 Broadway Suite 706 New York, NE 10012	13-3628657	501c3	20,000				HIV treatment education, provision, and support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harm Reduction Services Inc 2800 Stockton Blvd Sacramento, CA 95817	68-0300656	501c3	20,000				Safe Points Syringe Exchange



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Safer Alternative Thru Networking and Education 8015 Freeport Blvd Sacramento, CA 95832	94-3390723	501c3	20,000				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SANTA FE MOUNTAIN CENTER INC PO Box 449 Tesuque, NM 875740449	85-0272388	501c3	20,000				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Phoenix Center 109 E Lawrence Ave Springfield, IL 62704	37-1412387	501c3	20,000				HIV/AIDs related General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Venice Family Clinic 604 Rose Avenue Venice, CA 90291	95-2769432	501c3	20,000				Syringe Exchange Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HIV Education and Prevention Project of Alameda Co PO Box 7522 Oakland, CA 94610	94-3025535	501c3	17,500				Injection drug users

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bailey House Inc 1751 Park Ave New York, NY 10035	13-3165181	501c3	15,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Reading Risk Reduction 2701 Orchard View Rd Reading, PA 19606	23-3025926	501c3	15,000				HIV/AIDs related General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTH JERSEY AGAINST AIDS INC DBA SOUTH JERSEY AID 19 Gordons Alley Atlantic City,NJ 08401	22-2686586	501c3	15,000				Injection drug users



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Research Foundation of State University of New 760 Parkside Ave Brooklyn, NY 11226	14-1368361	501c3	15,000				HEAT Program/Research Foundation of SUNY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Blue Mountain Heart to Heart 1520 Kelly Place120 Walla Walla, WA 99362	91-1527239	501c3	14,000				Expanded Syringe Exchange Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Network Inc PO BOX 731 MADISON, WI 537010731	39-1548528	501c3	12,500				Networks Exchange Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Westminster Presbyterian Church 400 I Street SW Washington, DC 20024	45-0789125	501c3	11,578				START Syringe Exchange Project (SEP)

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health Global Access Project 429 W 127th St New York, NY 10027	20-5053765	501c3	10,000				HIV/AIDs related General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LA Gay and Lesbian Center 1625 NSchrader Los Angeles, CA 900286213	95-3567895	501c3	10,000				HIV prevention and risk reduction

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NCCIThe Center for HIV Law and Policy 65 BroadwaySuite 832 New York, NY 10006	02-0590588	501c3	10,000				Incarcerated populations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St James Infirmary (SJI) 1372 Mission St San Francisco, CA 94103	94-3330568	501c3	10,000				Injection drug users



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Western North Carolina AIDS Project 905 Fairview Road Asheville, NC 28803	58-1772685	501c3	10,000				Syringe Exchange Direct Services Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Project Worcester Inc 85 GREEN ST WORCESTER, MA 016044134	04-2970467	501c3	7,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NOAIDS Task Force 2601 Tulane Avenue New Orleans, LA 70119	72-1059635	501c3	6,250				Syringe Access

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Migrant Clincians Network PO Box 164285 Austin, TX 787164285	74-2662919	501c3	50,000				Incarcerated/Recently Incarcerated Populations

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Elton John AIDS Foundation Inc

Employer identification number  
58-2033460

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Scott P Campbell Executive Director	(i) (ii)	240,000	48,000		14,400	14,124	316,524	

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Elton John AIDS Foundation Inc	Employer identification number 58-2033460
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Part ITypes of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	6	116,700	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( Timepiece from Elton John Collection by Chopard )	X	1	50,000	FMV
26 Other ► ( Yamaha Piano )	X	1	14,999	FMV
27 Other ► ( )				
28 Other ► ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		Yes	No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .			No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			



Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column B	column B represents the number of items received

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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Elton John AIDS Foundation Inc

Employer identification number  
58-2033460

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I LINE 1, AND PART III LINE 1	
FORM 990, PART III, LINE 4C	<p>THE ELTON JOHN AIDS FOUNDATION (EJAF) SUPPORTS COMMUNITY-BASED PREVENTION PROGRAMS, HARM REDUCTION PROGRAMS, PUBLIC EDUCATION TO REDUCE THE STIGMA OF HIV/AIDS, ADVOCACY TO IMPROVE AIDS-RELATED PUBLIC POLICY, AND DIRECT SERVICES TO PERSONS LIVING WITH HIV/AIDS, ESPECIALLY POPULATIONS WITH SPECIAL NEEDS. DIRECT SERVICES INCLUDE HIV/AIDS-RELATED MEDICAL AND MENTAL HEALTH TREATMENT, TESTING AND COUNSELING, ASSISTED LIVING, SOCIAL SERVICE COORDINATION, AND LEGAL AID. EJAF WORKS IN PARTNERSHIP WITH AIDS UNITED, KAISER FAMILY FOUNDATION, MACAIDS FUND, FORD FOUNDATION, FUNDING PARTNERS OF THE SYRINGE ACCESS FUND, AMFAR (THE FOUNDATION FOR AIDS RESEARCH), THE CLINTON HEALTH ACCESS INITIATIVE, AND OTHER GRANT-MAKERS TO FUND CUTTING-EDGE, COMMUNITY-CENTERED WORK. EJAF'S GRANT-MAKING INITIATIVES STRATEGICALLY TARGET KEY REGIONS AND POPULATIONS THAT ARE POORLY SERVED BY CURRENT PREVENTION EFFORTS AND MOST AT RISK OF INFECTION. THE FOUNDATION'S GRANT-MAKING PRIORITIES INCLUDE: (1) CRITICALLY UNDER-FUNDED COMMUNITIES OF THE SOUTHERN UNITED STATES, THE CARIBBEAN AND LATIN AMERICA, (2) HIGHLY MARGINALIZED POPULATIONS SUCH AS PEOPLE WHO INJECT DRUGS, (3) MEN WHO HAVE SEX WITH MEN (MSM), AND PRISONERS AND PAROLEES, AND UNDERSERVED POPULATIONS SUCH AS BLACK AMERICANS AND YOUNG PEOPLE. FINALLY, MANY OF THE GRANTS AWARDED BY EJAF CAN BE CLASSIFIED UNDER MORE THAN ONE OF THESE PRIORITY AREAS (I.E., LATIN AMERICAN YOUTH, BLACK AMERICANS IN THE RURAL SOUTH, GAY INJECTION DRUG USERS, AFRICAN AMERICAN GAY MEN, ETC.) FOR REPORTING PURPOSES, EJAF CATEGORIZES ITS GRANT-MAKING AS DOMESTIC (PROGRAMS CONDUCTED IN THE UNITED STATES) OR INTERNATIONAL (PROGRAMS CONDUCTED INSIDE AND OUTSIDE THE UNITED STATES FOR THE BENEFIT OF PROGRAMS OUTSIDE OF THE UNITED STATES). Total Domestic Grants awarded: \$5,547,000. Total International Grants awarded: \$820,275. 2013 GRANT-MAKING PRIORITIES: (1) THE SOUTH: FEWER THAN HALF OF THE PEOPLE IN THE SOUTH WHO MEET GOVERNMENT CRITERIA FOR USE OF ANTIRETROVIRAL TREATMENT ARE LIKELY TO BE RECEIVING THESE DRUGS, AND A SIGNIFICANT SHARE OF PEOPLE WHO HAVE HIV AND AIDS ARE TESTED TOO LATE IN THE COURSE OF THE DISEASE TO BENEFIT FROM EARLY CARE. IN THE U.S., 12 MILLION PEOPLE ARE LIVING WITH HIV. MEDICAL STANDARDS SAY THAT EVERYONE WITH HIV SHOULD CONSIDER TAKING ANTIVIRAL MEDICINES, BUT MOST PEOPLE AREN'T SUCCESSFULLY ON TREATMENT, AND ONE IN FIVE AMERICANS WHO HAVE HIV - 220,000 PEOPLE - ARE UNAWARE THAT THEY EVEN CARRY THE VIRUS. FIGURING OUT MEDICAL OPTIONS CAN BE COMPLICATED FOR ANYONE. FOR PEOPLE WITH A NEW HIV DIAGNOSIS, IT CAN FEEL OVERWHELMING TO TALK TO A DOCTOR ABOUT LONG-TERM TREATMENT. TARGETED EDUCATION AND SUPPORT CAN HELP PEOPLE TO UNDERSTAND THEIR TREATMENT OPTIONS, CHOOSE WHAT OPTION IS BEST FOR THEM, AND THEN SUCCEED IN THE TREATMENT. THAT'S WHY EJAF FUNDS DOZENS OF ORGANIZATIONS, ESPECIALLY IN THE SOUTHERN U.S., TO REACH EACH TENS OF THOUSANDS OF PEOPLE WITH HIV. TESTING, ENSURE THAT EVERYONE WHO TESTS HIV-POSITIVE CAN START AND STAY ON HIV TREATMENT, AND ADVOCATE SO THAT EVERYONE HAS THE HEALTHCARE THEY NEED. (2) THE CARIBBEAN AND LATIN AMERICA: APPROXIMATELY 240,000 PEOPLE ARE LIVING WITH HIV IN THE CARIBBEAN AND AN ADDITIONAL 1.5 MILLION IN LATIN AMERICA. THE CARIBBEAN IS THE SECOND-MOST HIV/AIDS-AFFECTED REGION IN THE WORLD AFTER SUB-SAHARAN AFRICA. IN 2009 ALONE, IN THE CARIBBEAN AND LATIN AMERICA, MORE THAN 100,000 PEOPLE WERE NEWLY INFECTED WITH THE VIRUS AND NEARLY 500,000 PEOPLE LIVING WITH HIV NEEDED HIV MEDICINES BUT WEREN'T ACCESSING THEM. THAT'S WHY EJAF INVESTS OVER \$1 MILLION ANNUALLY TO SUPPORT HIV/AIDS AWARENESS AND EDUCATION CAMPAIGNS AND HIV TESTING AND TREATMENT PROGRAMS ACROSS THE CARIBBEAN AND LATIN AMERICA. (3) PEOPLE WHO INJECT DRUGS: PEOPLE WHO INJECT DRUGS ARE A RELATIVELY SMALL SHARE OF THE U.S. POPULATION, BUT THEY ARE DISPROPORTIONATELY REPRESENTED IN THE HIV EPIDEMIC. ABOUT 1 MILLION AMERICANS INJECT DRUGS, BUT INJECTION DRUG USE ACCOUNTS FOR APPROXIMATELY 16% OF NEW HIV INFECTIONS IN THE UNITED STATES. EVERY YEAR, EJAF GRANTS HELP MORE THAN 30,000 PEOPLE TO ACCESS CLEAN SYRINGES AND RELATED HARM REDUCTION SERVICES AND THEREBY AVOID GETTING INJECTION-RELATED HIV. AS A RESULT, HIV INFECTIONS DUE TO INJECTION DRUG USE IN THE U.S. ARE DOWN FROM 25% OF ALL INFECTIONS IN 2000 TO ONLY 10% TODAY. HOWEVER, THIS "GOOD NEWS" STILL MEANS THAT APPROXIMATELY 6,600 PEOPLE BECOME NEWLY INFECTED EACH YEAR DUE TO RISKS ENCOUNTERED IN INJECTION DRUG USE. THESE 6,600 INFECTIONS ARE ENTIRELY PREVENTABLE, AND THUS REMAIN ENTIRELY UNACCEPTABLE. THE POTENTIAL IS CLEAR: SCALED-UP PROGRAMMING COULD BRING THE ESTIMATED 6,600 ANNUAL INJECTION-RELATED HIV INFECTIONS DOWN TO ZERO. THAT'S WHY EJAF INVESTS \$500,000 - \$1 MILLION EVERY YEAR TO SUPPORT SYRINGE EXCHANGE PROGRAMS ACROSS THE U.S., AS WELL AS CONTINUING ADVOCACY TO REMOVE THE BAN ON THE USE OF FEDERAL FUNDING FOR SYRINGE EXCHANGE. (4) MEN WHO HAVE SEX WITH MEN: MORE THAN HALF OF ALL NEW HIV INFECTIONS EVERY YEAR IN THE U.S., LATIN AMERICA, AND THE CARIBBEAN ARE AMONG GAY AND BISEXUAL MEN. DESPITE ALL EVIDENCE DEMONSTRATING THAT CONDOM USE CAN REDUCE SEXUAL TRANSMISSION OF HIV, AND THAT INDIVIDUAL, GROUP AND COMMUNITY-LEVEL INTERVENTIONS CAN REDUCE HIV RISK BEHAVIORS, GROSSLY INADEQUATE FUNDING IS DEDICATED FROM GOVERNMENT AND PRIVATE SOURCES TO INTERVENTIONS TARGETING GAY AND BISEXUAL MEN. THAT'S WHY EJAF AWARDS MORE THAN \$1 MILLION EVERY YEAR TO HELP DOZENS OF COMMUNITY ORGANIZATIONS THROUGHOUT THE U.S., THE CARIBBEAN, AND LATIN AMERICA TO TAKE ON INNOVATIVE WORK FOR GAY MEN'S HEALTH. (5) HIV-POSITIVE PRISONERS AND PAROLEES: EVERY YEAR, 171,000 HIV-POSITIVE MEN AND WOMEN (1 IN 7 OF ALL PERSONS LIVING WITH HIV) PASS THROUGH A CORRECTIONAL FACILITY. WHEN THEY GET OUT, MOST ARE HANDED A ONE-WAY BUS TICKET, SOME CASH, AND NOTHING ELSE. FOR PEOPLE WHO ARE LIKELY TO HAVE TROUBLED FAMILY RELATIONSHIPS, FRAYED SOCIAL SUPPORT, MENTAL HEALTH AND ADDICTION ISSUES, AND SERIOUS CHALLENGES IN FINDING HOUSING AND JOBS, THE ISSUE OF HIV TREATMENT IS USUALLY NOT FIRST ON THE LIST OF PRIORITIES. A LOT OF PEOPLE STOP TAKING THEIR MEDICATIONS WHILE THEY SORT OUT THEIR LIVES. PERMITTING 1 IN 7 PEOPLE LIVING WITH HIV TO FALL OUT OF MEDICAL CARE AND SOCIAL SUPPORT AFTER THEY REGAIN THEIR FREEDOM MAKES NO SENSE. IT'S NOT ONLY FOOLISH, IT'S A BETRAYAL OF AMERICA'S GOAL TO END THE EPIDEMIC OF AIDS. THAT'S WHY EJAF INVESTS EVERY YEAR IN PROGRAMS TO GIVE PEOPLE WHO ARE RELEASED FROM PRISON THE SUPPORT THEY NEED TO OBTAIN ADEQUATE HEALTHCARE AND THE OTHER SERVICES THEY NEED TO STABILIZE THEIR LIVES. (6) AFRICAN AMERICANS: THE UNITED STATES PRIDES ITSELF AS THE LAND OF EQUAL OPPORTUNITY, BUT OUR COUNTRY HAS WORK TO DO TO FULLY ACHIEVE THAT PROMISE. AFRICAN AMERICANS IN PARTICULAR FACE LESS OPPORTUNITY THAN MOST - LESS ACCESS TO COLLEGE EDUCATION AND JOBS, HIGHER RATES OF POVERTY, AND WORSE HEALTH STATISTICS FOR CONDITIONS LIKE ASTHMA, DIABETES, AND HIGH BLOOD PRESSURE. HIV IS NO EXCEPTION: AFRICAN AMERICANS FACE HIGHER RATES OF HIV INFECTION THAN ANY OTHER RACIAL/ETHNIC/ NATIONAL GROUP IN THE U.S. AND AFRICAN AMERICAN GAY MEN AGES 13-24 ACCOUNT FOR MORE THAN HALF OF ALL NEW HIV INFECTIONS AMONG GAY MEN IN THAT AGE GROUP. EJAF BELIEVES THAT THIS CAN CHANGE. THAT'S WHY EJAF SUPPORTS STRONG, CONSISTENT ADVOCACY BY AFRICAN AMERICAN ACTIVISTS IN THE U.S. TO IMPROVE HIV TESTING, TREATMENT, AND HEALTH CARE FOR AFRICAN AMERICANS AND TO HELP IMPROVE THEIR LIVES BY GETTING ACCESS TO EDUCATION AND JOBS. (7) YOUTH AND SEXUAL HEALTH: OVER ONE THIRD (35%) OF ALL NEW HIV INFECTIONS IN THE UNITED STATES, THE CARIBBEAN, AND LATIN AMERICA ARE AMONG YOUNG PEOPLE AGE 13-29, AND THE VAST MAJORITY OF THESE NEWLY HIV-POSITIVE YOUNG PEOPLE ARE GAY YOUTH. IN NATIONAL U.S. SURVEYS, A QUARTER OF AMERICAN HIGH SCHOOL STUDENTS REPORT BEING CURRENTLY SEXUALLY ACTIVE (HAVING HAD SEX DURING THE PRECEDING THREE MONTHS), YET MORE THAN ONE THIRD OF SEXUALLY ACTIVE HIGH SCHOOL STUDENTS REPORT NOT USING CONDOMS AT THEIR LAST SEXUAL INTERCOURSE. FOR YOUNG PEOPLE, RATES OF SEXUALLY TRANSMITTED INFECTIONS CAN BE REDUCED THROUGH SCHOOL-BASED AND PEER-BASED SEXUAL HEALTH PROGRAMS, BUT THESE PROGRAMS DO NOT EXIST AT SUFFICIENT SCALE, QUALITY, AND SUSTAINABILITY TO BRING DOWN THESE HIGH INFECTION RATES. THAT'S WHY EVERY YEAR, EJAF INVESTS MORE THAN \$500,000 TO HELP YOUNG PEOPLE ADVOCATE FOR HEALTH POLICIES AND SERVICES THAT ARE RELEVANT TO THEIR NEEDS, AND ASSIST NATIONAL ADVOCACY GROUPS TO PUSH FOR BETTER HEALTH SERVICES TARGETED TO YOUNG PEOPLE.</p>
FORM 990, PART VI, LINE 2	ELTON JOHN AND DAVID FURNISH HAVE A FAMILY RELATIONSHIP
Form 990, Part VI, Line 11b	THE FORM 990 IS REVIEWED BY THE FOUNDATION'S TREASURER and provided to the board BEFORE FILING
FORM 990, PART VI, Section B, Line 12C	YES. All board members are required to review and sign a conflict of interest document. The organization regularly monitors and enforces compliance with the policy.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE FOUNDATION'S EXECUTIVE DIRECTOR WAS DETERMINED THROUGH THE FIELD REVIEW AND ANALYSIS CONDUCTED BY MERCER CONSULTING. ONGOING REVIEW OF SAID COMPENSATION IS CONDUCTED BY THE BOARD TREASURER AND OTHER MEMBERS OF THE EXECUTIVE BOARD.