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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

☐ ☒

1

Briefly describe the organization's mission

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF), WHICH OPERATES IN 15 COUNTRIES AND AT MORE THAN 7,000 SITES AROUND THE WORLD, SEE SCHEDULE O FOR CONTINUATION

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 \$ 102,913,110 including grants of \$ 23,153,855) (Revenue \$)

Prevention and Treatment programs The Foundation works with its partners in 15 countries (13 in sub-Saharan Africa, as well as India and the United States) to build effective health systems for women, children, and families that will achieve and sustain an AIDS-free generation The success of EGPAFs efforts demonstrates that we are on the cusp of eliminating mother-to-child transmission of HIV globally

4b

(Code) (Expenses \$ 2,077,817 including grants of \$ 72,411) (Revenue \$)

Research Over the past 25 years, EGPAF has become world-renowned for its leadership in pediatric HIV and AIDS research Today, EGPAF plays a critical role in defining the pediatric AIDS research agenda and supporting and conducting research to improve the lives of women, children, and families affected by HIV EGPAF leads studies in clinical, laboratory, and implementation science research with a focus on optimizing health service delivery, building an evidence base for new and innovative interventions, and effectively scaling up promising HIV and maternal, newborn, and child health interventions

4c

(Code) (Expenses \$ 823,608 including grants of \$) (Revenue \$)

PUBLIC POLICY AND ADVOCACY THE FOUNDATION'S COMMITMENT TO PUBLIC POLICY AND ADVOCACY HAS PRODUCED REAL VICTORIES FOR CHILDREN TODAY, THE FOUNDATION REMAINS TRUE TO ELIZABETH GLASER'S SPIRIT BY WORKING TO ENSURE THAT THE NEEDS OF FAMILIES AFFECTED BY HIV AND AIDS, BOTH IN THE UNITED STATES AND AROUND THE WORLD, ARE AT THE TOP OF THE POLITICAL AGENDA BY WORKING WITH U S AND INTERNATIONAL ELECTED OFFICIALS, POLICYMAKERS, THE SCIENTIFIC COMMUNITY, AND GLOBAL BUSINESS LEADERS, THE FOUNDATION HAS EXPANDED FUNDING FOR PEDIATRIC RESEARCH, ADVOCATED FOR INCREASED GLOBAL AIDS FUNDING AND FOR IMPROVEMENTS IN THE SAFETY AND EFFICACY OF DRUGS PRESCRIBED TO CHILDREN

(Code) (Expenses \$ 1,519,444 including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,519,444 including grants of \$) (Revenue \$)

4e






Total program service expenses

107,333,979

Form 990 (2013)

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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? Note. 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	15	
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	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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	AL, AK, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
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 DANIEL WARCO 1140 CONNECTICUT AVE NW SUITE 200 WASHINGTON, DC 20036 (202) 448-8462	

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	5,155,058	0	451,265

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 ▶67

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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
THE GEORGE WASHINGTON UNIVERSITY, 2300 EYE STREET NW WASHINGTON DC 20037	PROGRAM SRV SUPPORT	434,749
BLUE STATE DIGITAL, 406 7TH STREET NW WASHINGTON DC 20004	PROF FUNDRAISER	394,795
INSTITUTE FOR COLLABORATIVE DEVELOP, 1903 GOUGH STREET BALTIMORE MD 21231	PROGRAM SRV SUPPORT	252,669
GO WEST CREATIVE GROUP, 2248 WEST TOWNSGATE ROAD STE 100 WESTLAKE VILLAGE CA 91361	SPECIAL EVENT PLAN	250,000
ERNST YOUNG LLP, 8484 WESTPARK DRIVE MCLEAN VA 22102	AUDIT SERVICES	215,948

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 ▶9

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	1,097,770				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	97,188,448				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,629,614				
	g	Noncash contributions included in lines 1a-1f \$		672,114				
	h	Total. Add lines 1a-1f		119,915,832				
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)		78,378		78,378	
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		11,674		11,674		
6a		Gross rents	(i) Real	(ii) Personal				
		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	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses	2,274,664				
		c	Gain or (loss)	2,273,378				
		d	Net gain or (loss)	1,286				
8a		Gross income from fundraising events (not including \$ 1,097,770 of contributions reported on line 1c) See Part IV, line 18						
		a	76,975					
		b	Less direct expenses	919,286				
c		Net income or (loss) from fundraising events		-842,311		-842,311		
9a		Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
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						
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		119,164,859			-750,973		

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.	3,652,023	3,652,023		
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.	19,574,243	19,574,243		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	5,606,325	3,625,291	1,558,251	422,783
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	37,152,298	31,792,214	4,013,143	1,346,941
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,975,728	1,708,199	216,595	50,934
9	Other employee benefits.	3,581,599	2,891,057	559,555	130,987
10	Payroll taxes.	1,476,472	1,010,611	360,062	105,799
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	144,001	101,189	42,373	439
c	Accounting.	302,630	36,267	266,363	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	479,690			479,690
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,474,161	2,816,204	636,612	21,345
12	Advertising and promotion.	70,292	48,905		21,387
13	Office expenses.	7,285,515	5,990,722	1,047,074	247,719
14	Information technology.	1,120,580	987,969	131,292	1,319
15	Royalties.	0			
16	Occupancy.	3,450,770	2,614,009	677,665	159,096
17	Travel.	7,747,715	6,897,761	626,067	223,887
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	9,367,478	9,267,928	82,601	16,949
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	118,381	58,052	60,329	
23	Insurance.	540,739	400,517	118,865	21,357
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	OTHER PROGRAM SERVICES	7,629,640	7,629,640	0	0
b	EQUIPMENT	2,115,142	2,112,472	2,573	97
c	MISCELLANEOUS EXPENSES	1,338,874	1,258,109	56,396	24,369
d	REPAIRS AND MAINTENANCE	1,453,897	1,146,492	307,360	45
e	All other expenses	1,774,213	1,714,105		60,108
25	Total functional expenses. Add lines 1 through 24e.	121,432,406	107,333,979	10,763,176	3,335,251
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		8,003,329	1	8,484,115
	2	Savings and temporary cash investments		2,894,324	2	1,016,056
	3	Pledges and grants receivable, net		5,906,287	3	5,243,341
	4	Accounts receivable, net		2,182,686	4	2,371,684
	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		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		3,345,658	9	2,994,732
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,399,333			
	b	Less accumulated depreciation	10b1,207,834	309,880	10c	191,499
	11	Investments—publicly traded securities		0	11	2,213,150
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		22,642,164	16	22,514,577
Liabilities	17	Accounts payable and accrued expenses		5,854,177	17	7,671,506
	18	Grants payable		1,998,110	18	2,141,036
	19	Deferred revenue		3,967,436	19	3,831,835
	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		1,277,283	25	1,398,317
	26	Total liabilities. Add lines 17 through 25		13,097,006	26	15,042,694
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		7,512,097	27	5,783,305
	28	Temporarily restricted net assets		1,948,582	28	1,608,036
	29	Permanently restricted net assets		84,479	29	80,542
	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		9,545,158	33	7,471,883
	34	Total liabilities and net assets/fund balances		22,642,164	34	22,514,577

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	119,164,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,432,406
3	Revenue less expenses Subtract line 2 from line 1	3	-2,267,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,545,158
5	Net unrealized gains (losses) on investments	5	194,272
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	7,471,883

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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	Yes
3b	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	Yes

Additional Data

Software ID:

Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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

(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			
CHARLES J LYONS II PRESIDENT AND CEO	40 0	X		X				431,606	0	85,705
PAUL GLASER HONORARY CHAIRMAN	1 0	X		X				0	0	0
WILLOW BAY CO-CHAIR	1 0	X		X				0	0	0
RUSS HAGEY CO-CHAIR	1 0	X		X				0	0	0
ANNIE HILL SECRETARY	1 0	X		X				0	0	0
OMAR ABDI BOARD MEMBER	1 0	X						0	0	0
KATHLEEN CRAVERO-KRISTOFFERSON BOARD MEMBER	1 0	X						0	0	0
SENATOR CHRISTOPHER DODD BOARD MEMBER	1 0	X						0	0	0
PAUL JOHNSON BOARD MEMBER	1 0	X						0	0	0
PAULA KERGER BOARD MEMBER	1 0	X						0	0	0
JOSEPH MCCUNE BOARD MEMBER	1 0	X						0	0	0
STUART PAPE BOARD MEMBER	1 0	X						0	0	0
JUSTIN SMITH BOARD MEMBER	1 0	X						0	0	0
GEORGE WELLDE JR BOARD MEMBER	1 0	X						0	0	0
SUSIE ZEEGEN BOARD MEMBER	1 0	X						0	0	0
PHILIP O'BRIEN EVP, COMM, ADVOCACY, DEV'T	40 0			X				318,380	0	23,803
NICHOLAS S HELLMANN EVP, MED & SCI AFFAIRS	40 0			X				281,961	0	18,653
BRADLEY J KILEY CHIEF OPERATING OFFICER	40 0			X				253,462	0	19,469
PATRICIA DEVINE-KARLIN VP, GLOBAL BUS PLANNING	40 0				X			242,487	0	24,607
ROBERT J SIMONDS VP, PRGM INNOV & POLICY	40 0				X			238,096	0	17,295
ADRIAANTJE GIPHART VP, PRGM, IMPLEMENTATION	40 0				X			227,241	0	23,901
TAMARA L WARD-DAHL VP, ADMIN AND HR	40 0				X			226,374	0	22,403
PETER SAVOSNICK SEN DIR, COUNTRY MGMT	40 0				X			229,483	0	16,954
STEPHEN LEE SEN DIR, COUNTRY MGMT	40 0				X			221,030	0	16,683
FERNANDO MORALES COUNTRY DIR, MOZAMBIQUE	40 0				X			218,837	0	11,762

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JEROEN VAN'T PAD BOSCH COUNTRY DIR, TANZANIA	40 0				X			217,756	0	12,569
DOUGLAS HORNER VP, AWARDS & COMPLIANCE	40 0				X			206,654	0	22,528
NICOLE BUONO COUNTRY DIR, MALAWI	40 0				X			190,396	0	21,168
SUSAN MICHAELS-STRASSER COUNTRY DIR, ZAMBIA	40 0				X			188,409	0	21,538
MOHAMMED MAHDI COUNTRY DIR, SWAZILAND	40 0				X			166,205	0	11,948
APPOLINAIRE TIAM COUNTRY DIR, LESOTHO	40 0				X			158,271	0	10,483
AGNES MAHOMVA COUNTRY DIR, ZIMBABWE	40 0				X			179,476	0	12,226
ALEXANDRE BOON TECH DIR, MOZAMBIQUE	40 0					X		219,753	0	4,185
CHRISTIAN PITTER SEN DIR, TECH POLICY	40 0					X		179,589	0	20,171
ROLAND VAN DE VEN TECH DIR, TANZANIA	40 0					X		187,413	0	10,832
INNOCENT HOVE PROVINCIAL CLINICAL ADV	40 0					X		189,548	0	8,056
SILVIA MIKUSOVA SEN TECH ADVISOR, MOZ	40 0					X		182,631	0	14,326

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number 95-4191698
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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 section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input 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 section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
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 section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) 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.")	127,206,925	151,181,047	162,466,052	122,027,629	119,915,832	682,797,485
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	127,206,925	151,181,047	162,466,052	122,027,629	119,915,832	682,797,485
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)						15,666,130
6 Public support. Subtract line 5 from line 4						667,131,355

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	127,206,925	151,181,047	162,466,052	122,027,629	119,915,832	682,797,485
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	187,413	120,195	67,530	60,548	90,052	525,738
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	20,878					20,878
11 Total support (Add lines 7 through 10)						683,344,101
12 Gross receipts from related activities, etc. (see instructions)					12	2,972,033
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	97.627 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99.945 %
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.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
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 C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,280													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	51,345													
c	Total lobbying expenditures (add lines 1a and 1b)	52,625													
d	Other exempt purpose expenditures	121,379,781													
e	Total exempt purpose expenditures (add lines 1c and 1d)	121,432,406													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	29,221	60,982	43,196	51,345	184,744
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	3,013	4,824	2,756	1,280	11,873

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part 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

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2013

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 | 84,479 | 89,022 | 91,199 | 92,225 | 91,754 |
| b Contributions | | -4,543 | -2,177 | | 471 |
| c Net investment earnings, gains, and losses | -3,937 | 1,271 | 3,145 | 2,970 | 4,847 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 1,271 | 3,145 | 3,996 | 4,847 |
| f Administrative expenses | | | | | |
| g End of year balance | 80,542 | 84,479 | 89,022 | 91,199 | 92,225 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment

0 %

b Permanent endowment

100 000 %

c Temporarily restricted endowment

0 %

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)		No
3a(ii)		No
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		263,193	257,363	5,830
d Equipment		344,710	183,499	161,211
e Other		791,430	766,972	24,458
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				191,499

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.

1	Total revenue, gains, and other support per audited financial statements	1	120,278,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	194,272
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	194,272
3	Subtract line 2e from line 1	3	120,084,145
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-919,286
c	Add lines 4a and 4b	4c	-919,286
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	119,164,859

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.

1	Total expenses and losses per audited financial statements	1	122,351,692
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	919,286
e	Add lines 2a through 2d	2e	919,286
3	Subtract line 2e from line 1	3	121,432,406
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	121,432,406

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
FORM 990, SCHEDULE D, PART V, LINE 4	THE FOUNDATION INTENDS TO USE EARNINGS FROM ITS ENDOWMENT FUNDS TO FURTHER DELIVER ITS PROGRAMMATIC SERVICES
FORM 990, SCHEDULE D, PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CORRESPONDING STATE REVENUE AND TAXATION STATUTES, EXCEPT FOR ANY FEDERAL INCOME THAT MAY BE A RESULT OF UNRELATED BUSINESS TRANSACTIONS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.
FORM 990, SCHEDULE D, PART XI, LINE 4B	SPECIAL EVENT EXPENSES -919,286
FORM 990, SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 919,286

[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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
95-4191698

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	13	995			95,557,400
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	13	995			95,557,400

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)
	See Add'l Data								

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 ▶

239

3

Enter total number of other organizations or entities ▶

0

Part III

[illegible]

Part IV Foreign Forms

- 1

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

☐

Yes

☒

No
- 2

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

☐

Yes

☒

No
- 3

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

☐

Yes

☒

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

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

☐

Yes

☒

No

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).

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 95-4191698
Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	12	991	Program Services	SEE PART V	74,148,588
Europe (Including Iceland and Greenland)	1	4	Program Services	SEE PART V	1,058,442
North America			Program Services	SEE PART V	208,157

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	SEE PART V	58,549
South Asia			Program Services	SEE PART V	14,318
South America			Program Services	SEE PART V	1,959

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Fundraising		204,677
Europe (Including Iceland and Greenland)			Fundraising		281,208
South Asia			Fundraising		7,259

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		19,264,787
South Asia			Grantmaking		299,456
North America			Grantmaking		10,000

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)
		Sub-Saharan Africa	SEE PART V	96,661	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	450,765	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	85,248	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	134,909	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	19,723	WIRE TRANSF	3,329	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	160,725	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	187,681	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	61,379	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	49,260	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	89,718	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	31,684	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	33,953	WIRE TRANSF	351	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	59,737	WIRE TRANSF	18,413	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	11,225	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	11,941	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	28,892	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	9,748	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	95,445	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	16,459	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	28,769	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	138,487	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	26,223	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	15,494	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	59,170	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	145,705	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	53,859	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	131,344	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	31,273	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	63,960	WIRE TRANSF	1,219	[A] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	40,867	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	428,676	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	98,400	WIRE TRANSF	11,243	[D] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	48,253	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	19,189	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	35,271	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	44,552	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	5,846	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	31,044	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	64,473	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	196,571	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	63,902	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	57,054	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	97,044	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	109,161	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	31,698	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	32,445	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	38,323	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	63,402	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	117,499	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	122,071	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	11,102	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	14,746	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	135,542	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	144,264	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	18,253	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	31,698	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	12,814	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	55,546	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	7,434	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	128,248	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	25,437	WIRE TRANSF	2,850	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	47,640	WIRE TRANSF	3,813	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	28,277	WIRE TRANSF	752	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	23,714	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	32,725	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	48,687	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	67,925	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	14,565	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	49,889	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	8,349	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	9,774	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	61,317	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	14,747	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	46,566	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	61,012	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	48,076	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	38,784	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	64,123	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	35,056	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	45,935	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	10,392	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	77,217	WIRE TRANSF	1,139	B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	25,510	WIRE TRANSF	8,974	[C - PART V	FMV
		Sub-Saharan Africa	SEE PART V	7,429	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	5,622	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	34,791	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	562,561	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	19,082	WIRE TRANSF	2,850	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	129,905	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	91,662	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	113,481	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	71,192	WIRE TRANSF	7,102	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	29,532	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	9,054	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	7,225	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	40,464	WIRE TRANSF	14,694	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	29,926	WIRE TRANSF	4,351	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	33,912	WIRE TRANSF	3,307	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	98,433	WIRE TRANSF	25,310	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	151,247	WIRE TRANSF	13,178	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	31,388	WIRE TRANSF	437	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	10,347	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	17,008	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	67,629	WIRE TRANSF	6,010	[D] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	169,190	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	8,757	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	341,068	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	132,495	WIRE TRANSF	6,184	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	36,364	WIRE TRANSF	1,419	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	60,640	WIRE TRANSF	112	[A] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	31,806	WIRE TRANSF	5,000	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	242,728	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	64,591	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	34,257	WIRE TRANSF	3,120	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	5,191	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	13,344	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	23,604	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	32,267	WIRE TRANSF	3,487	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	49,214	WIRE TRANSF	18,188	[C] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	11,197	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	5,806	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	35,690	WIRE TRANSF	10,211	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	396,462	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	19,741	WIRE TRANSF	502	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	54,364	WIRE TRANSF	7,250	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	119,897	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	466,988	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	14,102	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	7,357	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	40,870	WIRE TRANSF	237	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	76,601	WIRE TRANSF	5,479	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	65,532	WIRE TRANSF	3,710	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	90,255	WIRE TRANSF	4,955	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	50,174	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	15,302	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	57,738	WIRE TRANSF	35,700	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	26,658	WIRE TRANSF	14,622	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	31,995	WIRE TRANSF	345	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	93,144	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	62,581	WIRE TRANSF	2,334	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	18,661	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	18,478	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	14,801	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	137,231	WIRE TRANSF	6,822	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	30,697	WIRE TRANSF	358	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	131,747	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	62,788	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	102,757	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	32,235	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	42,469	WIRE TRANSF	8,157	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	27,327	WIRE TRANSF	11,596	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	55,757	WIRE TRANSF	3,051	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	42,804	WIRE TRANSF	2,944	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	78,272	WIRE TRANSF	23,274	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	23,821	WIRE TRANSF	4,626	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	204,369	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	18,233	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	14,980	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	213,251	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	187,411	WIRE TRANSF	10,007	[D] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	120,540	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	551,209	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	254,233	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	15,455	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	16,933	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	11,374	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	7,654	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	84,565	WIRE TRANSF	3,569	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	113,517	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	105,830	WIRE TRANSF	7,855	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	7,028	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	63,085	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	20,088	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	32,991	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	51,795	WIRE TRANSF	4,607	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	47,493	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	27,878	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	209,794	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	45,336	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	56,371	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	99,999	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	37,167	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	29,771	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	169,581	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	89,713	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	61,175	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	55,770	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	61,719	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	54,220	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	61,571	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	55,596	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	72,021	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	119,392	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	97,037	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	63,630	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	137,019	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	56,518	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	141,076	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	69,338	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	88,617	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	47,589	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	68,978	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	134,273	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	46,447	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	56,019	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	84,235	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	80,179	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	83,385	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	27,446	WIRE TRANSF	9,794	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	12,097	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	9,422	WIRE TRANSF	11,558	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	14,060	WIRE TRANSF	18,001	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	40,576	WIRE TRANSF	771	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	49,991	WIRE TRANSF	3,320	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	72,686	WIRE TRANSF	1,969	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	121,947	WIRE TRANSF	2,376	[B] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	227,678	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	117,702	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	62,284	WIRE TRANSF	35,600	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	87,631	WIRE TRANSF	13,051	[D] - PART V	FMV

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)
		Sub-Saharan Africa	SEE PART V	30,070	WIRE TRANSF	326	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	3,841	WIRE TRANSF	4,418	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	916,956	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	24,667	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	10,586	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	26,310	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	28,014	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	202,565	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	157,022	WIRE TRANSF	20,417	[D] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	20,374	WIRE TRANSF	5,296	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	87,460	WIRE TRANSF	537	[B] - PART V	FMV
		Sub-Saharan Africa	SEE PART V	89,936	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V	19,460	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	106,111	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	245,570	WIRE TRANSF			
		Sub-Saharan Africa	SEE PART V	342,804	WIRE TRANSF			

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)
		Sub-Saharan Africa	SEE PART V		WIRE TRANSF	26,059	[C] - PART V	FMV
		South Asia	SEE PART V	299,456	WIRE TRANSF			
		North America	SEE PART V	10,000	WIRE TRANSF			

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.

Name of the organization
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
95-4191698

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			
BLUE STATE DIGITAL 406 7TH STREET NW WASHINGTON, DC 20004	FUNDRAISING CONSULTING		No	0	394,795	-394,795
FOUNDING STRATEGIES INC 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	SPEC EVENT FUNDRAISING		No	30,000	60,000	-30,000
MCARDLE PRINTING COMPANYINC 800 COMMERCE DRIVE UPPER MARLBORO, MD 20774	DIRECT MAIL SOLICITING		No	32,705	24,895	7,810
Total ▶				62,705	479,690	-416,985

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.

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

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	
			GLOBAL CHAMPION	TIMEFORHEROES	1	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	528,150	621,595	25,000	1,174,745	
2	Less Contributions	. .	475,550	597,220	25,000	1,097,770	
3	Gross income (line 1 minus line 2)	. . .	52,600	24,375		76,975	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .	30,613	259,630	290,243	
	6	Rent/facility costs	. .	205,494	50,000	255,494	
	7	Food and beverages	.	58,349		58,349	
	8	Entertainment	. . .				
	9	Other direct expenses	.	192,296	122,904	315,200	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(919,286)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					-842,311

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			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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**

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b An outside facility

13b

%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **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
FORM 990, SCHEDULE G, PART I, LINE 2B COLUMN(I)	406 7TH STREET, NW WASHINGTON, DC 20004
FORM 990, SCHEUDLE G, PART I, LINE 2B COLUMN(I)	818 CONNECTICUT AVE, NW WASHINGTON, DC 20006
FORM 990, SCHEDULE G, PART I, LINE 2B COLUMN(I)	800 COMMERCE DRIVE UPPER MARLBORO, MD 20774

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
95-4191698

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
(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	20-2951275	501(C)(3)	571,451				SEE PART IV
(2) PATHFINDER 9 GALEN ST 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	2,133,731				SEE PART IV
(3) JF KAPNEK CHARITABLE TRUST 936 DEWING AVE STE E3 LAFAYETTE, CA 94549	23-7165692	501(C)(3)	461,190				SEE PART IV
(4) PATH 2201 WESTLAKE AVE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	128,999				SEE PART IV
(5) AFRICAN MED & RESEARCH FDN 4 WEST 43RD ST NEW YORK, NY 10036	13-1867411	501(C)(3)	44,289				SEE PART IV
(6) FOOD FOR THE HUNGRY ASSOC 7739 E BROADWAY 353 TUCSON, AZ 85710	87-0317170	501(C)(3)	191,924				SEE PART IV
(7) TINY TIM AND FRIENDS 14204 WOODHAVEN ROAD MINNETONKA, MN 55345	26-3545125	501(C)(3)	46,939				SEE PART IV
(8) HENRY M JACKSON FOUNDATION 6720A ROCKLEDGE DR 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	73,500				SEE PART IV

2

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

8

3

Enter total number of other organizations listed in the line 1 table

0

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
FORM 990, SCHEDULE I, PART I, LINE 2	THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEES A PRE-AWARD ASSESSMENT OF THE GRANTEE DETERMINES AN INITIAL RISK LEVEL FOR FINANCIAL/ADMINISTRATIVE PERFORMANCE BASED ON THE INITIAL RISK LEVEL AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF CAPACITY BUILDING NEEDED MONITORING AND SUPPORT ARE CONDUCTED BY BOTH TECHNICAL STAFF AND OPERATIONS STAFF TECHNICAL STAFF MONITOR AND HELP IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS OPERATIONS STAFF SUCH AS AWARDS AND COMPLIANCE AND FINANCE STAFF REVIEW GRANTEES FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION ARE ALLOWABLE, ALLOCABLE, AND REASONABLE IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN
FORM 990, SCHEDULE I, PART II, COLUMN(H)	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES

Additional Data

Software ID:

Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 77030	20-2951275	501(C)(3)	571,451				SEE PART IV
PATHFINDER 9 GALEN ST 217 WATERTOWN,MA 02472	53-0235320	501(C)(3)	2,133,731				SEE PART IV
JF KAPNEK CHARITABLE TRUST 936 DEWING AVE STE E3 LAFAYETTE,CA 94549	23-7165692	501(C)(3)	461,190				SEE PART IV
PATH 2201 WESTLAKE AVE 200 SEATTLE,WA 98121	91-1157127	501(C)(3)	128,999				SEE PART IV
AFRICAN MED & RESEARCH FDN 4 WEST 43RD ST NEW YORK,NY 10036	13-1867411	501(C)(3)	44,289				SEE PART IV
FOOD FOR THE HUNGRY ASSOC 7739 E BROADWAY 353 TUCSON,AZ 85710	87-0317170	501(C)(3)	191,924				SEE PART IV
TINY TIM AND FRIENDS 14204 WOODHAVEN ROAD MINNETONKA,MN 55345	26-3545125	501(C)(3)	46,939				SEE PART IV
HENRY M JACKSON FOUNDATION 6720A ROCKLEDGE DR 100 BETHESDA,MD 20817	52-1317896	501(C)(3)	73,500				SEE PART IV

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
95-4191698

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	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	1b Yes	
2	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?	2 Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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.	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(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				
See Additional Data Table								

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
FORM 990, SCHEDULE J, PART I, LINE 1A	THE FOUNDATION PAYS FOR THE HOUSING OF ALL OF ITS U S EXPATRIATES AND THIRD-COUNTRY NATIONALS LIVING AND WORKING IN SUB-SAHARAN AFRICA. THESE AMOUNTS ARE INCLUDED IN COLUMN III OF SCHEDULE J, PART II ABOVE. THESE INDIVIDUALS ARE PHILIP O'BRIEN, JEROEN VAN'T PAD BOSCH, ROLAND VAN DE VEN, FERNANDO MORALES, SUSAN MICHAELS-STRASSER, ALEXANDRE BOON, MOHAMMED MAHDI, INNOCENT HOVE, APOLINAIRE TIAM, SILVIA MIKUSOVA, AND NICOLE BUONO. THE FOUNDATION ALSO MAKES TAX INDEMNIFICATION PAYMENTS FOR PHILIP O'BRIEN.
FORM 990, SCHEDULE J, PART I, LINE 3	IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE FOUNDATION HAS IN THE PAST ENGAGED A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AND HAS ENGAGED AN OUTSIDE ATTORNEY TO PROVIDE FURTHER GUIDANCE REGARDING THE PROPOSED COMPENSATION PACKAGE. IN THE CURRENT YEAR, THE FOUNDATION REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE AND REVISITED THE DATA OBTAINED FROM THE AFOREMENTIONED EXECUTIVE RECRUITER FOR USE AS A BENCHMARK. BASED ON THAT DATA, THE FOUNDATION'S BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, MET IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER. DOCUMENTATION SUPPORTING THE DECISION THAT WAS MADE IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION.

Additional Data

Software ID:

Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHARLES J LYONS II PRESIDENT AND CEO	(i) (ii)	364,895 0	25,000 0	41,711 0	77,850 0	7,855 0	517,311 0	0 0
PHILIP O'BRIEN EVP, COMM, ADVOCACY, DEV'T	(i) (ii)	246,280 0	0 0	72,100 0	17,500 0	6,303 0	342,183 0	0 0
NICHOLAS S HELLMANN EVP, MED & SCI AFFAIRS	(i) (ii)	256,129 0	0 0	25,832 0	17,850 0	803 0	300,614 0	0 0
BRADLEY J KILEY CHIEF OPERATING OFFICER	(i) (ii)	224,828 0	0 0	28,634 0	13,327 0	6,142 0	272,931 0	0 0
PATRICIA DEVINE- KARLIN VP, GLOBAL BUS PLANNING	(i) (ii)	225,126 0	0 0	17,361 0	17,112 0	7,495 0	267,094 0	0 0
ROBERT J SIMONDS VP, PRGM INNOV & POLICY	(i) (ii)	212,264 0	0 0	25,832 0	16,293 0	1,002 0	255,391 0	0 0
ADRIAANTJE GIPHART VP, PRGM, IMPLEMENTATION	(i) (ii)	210,733 0	0 0	16,508 0	16,148 0	7,753 0	251,142 0	0 0
TAMARA L WARD- DAHL VP, ADMIN AND HR	(i) (ii)	185,301 0	0 0	41,073 0	15,110 0	7,293 0	248,777 0	0 0
PETER SAVOSNICK SEN DIR, COUNTRY MGMT	(i) (ii)	133,827 0	0 0	95,656 0	10,133 0	6,821 0	246,437 0	0 0
STEPHEN LEE SEN DIR, COUNTRY MGMT	(i) (ii)	203,156 0	0 0	17,874 0	13,737 0	2,946 0	237,713 0	0 0
FERNANDO MORALES COUNTRY DIR, MOZAMBIQUE	(i) (ii)	98,475 0	0 0	120,362 0	7,460 0	4,302 0	230,599 0	0 0
JEROEN VAN'T PAD BOSCH COUNTRY DIR, TANZANIA	(i) (ii)	109,155 0	0 0	108,601 0	8,264 0	4,305 0	230,325 0	0 0
DOUGLAS HORNER VP, AWARDS & COMPLIANCE	(i) (ii)	191,305 0	0 0	15,349 0	14,775 0	7,753 0	229,182 0	0 0
NICOLE BUONO COUNTRY DIR, MALAWI	(i) (ii)	94,167 0	0 0	96,229 0	7,543 0	13,625 0	211,564 0	0 0
SUSAN MICHAELS- STRASSER COUNTRY DIR, ZAMBIA	(i) (ii)	89,466 0	0 0	98,943 0	7,911 0	13,627 0	209,947 0	0 0
MOHAMMED MAHDI COUNTRY DIR, SWAZILAND	(i) (ii)	100,932 0	0 0	65,273 0	7,645 0	4,303 0	178,153 0	0 0
APPOLINAIRE TIAM COUNTRY DIR, LESOTHO	(i) (ii)	91,728 0	0 0	66,543 0	6,183 0	4,300 0	168,754 0	0 0
AGNES MAHOMVA COUNTRY DIR, ZIMBABWE	(i) (ii)	179,476 0	0 0	0 0	11,528 0	698 0	191,702 0	0 0
ALEXANDRE BOON TECH DIR, MOZAMBIQUE	(i) (ii)	92,344 0	0 0	127,409 0	0 0	4,185 0	223,938 0	0 0
CHRISTIAN PITTER SEN DIR, TECH POLICY	(i) (ii)	166,631 0	0 0	12,958 0	12,709 0	7,462 0	199,760 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROLAND VAN DE VEN TECH DIR, TANZANIA	(i) (ii)	87,171 0	0 0	100,242 0	6,609 0	4,223 0	198,245 0	0 0
INNOCENT HOVE PROVINCIAL CLINICAL ADV	(i) (ii)	63,458 0	0 0	126,090 0	0 0	8,056 0	197,604 0	0 0
SILVIA MIKUSOVA SEN TECH ADVISOR, MOZ	(i) (ii)	75,872 0	0 0	106,759 0	5,975 0	8,351 0	196,957 0	0 0

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
95-4191698

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	29,208	FMV
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 ▶ (AIRLINE MILES)	X	1	51,116	FMV
26 Other ▶ (HOTEL ROOMS)	X	1	1,700	FMV
27 Other ▶ (MEDICAL EQUIP/SUPPLIES)	X	1	516,517	FMV
28 Other ▶ (PRINTERS)	X	1	73,573	FMV

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?

30a

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

Yes

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

32a

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 III

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
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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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number 95-4191698
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Return Reference	Explanation
FORM 990, PART III, LINE 1	IS A GLOBAL LEADER IN THE FIGHT TO ELIMINATE PEDIATRIC HIV AND AIDS AND HAS REACHED MORE THAN 20 MILLION WOMEN WITH SERVICES TO PREVENT TRANSMISSION OF HIV TO THEIR BABIES

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO THE ISSUANCE OF THE FORM 990, THE FORM WAS REVIEWED IN DETAIL BY THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION, AND SENIOR DIRECTOR OF ACCOUNTING. THE CEO, VP OF HR AND ADMINISTRATION, AND SENIOR DIRECTOR OF ACCOUNTING OF THE FOUNDATION ALSO MET WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS TO REVIEW AND APPROVE THE 990 PRIOR TO ITS ISSUANCE. FINALLY, COPIES WERE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO ISSUANCE.

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	<p>IN ORDER TO DETERMINE AND ENSURE EQUITABLE COMPENSATION PACKAGES FOR THE FOUNDATION'S OFFICERS AND KEY EMPLOYEES, THE FOUNDATION ENGAGED A GLOBAL COMPENSATION CONSULTING FIRM TO HELP ESTABLISH A GLOBAL SALARY STRUCTURE, IDENTIFY KEY POSITIONS AND MATCH THEM TO RELEVANT COMPENSATION SURVEYS TO ENSURE THE APPROPRIATE PLACEMENT OF POSITIONS WITHIN THE SALARY STRUCTURE, AND TO ANALYZE EMPLOYEES INDIVIDUAL COMPENSATION LEVELS, BASED ON PERFORMANCE AND RELEVANT EXPERIENCE. IN ADDITION, THROUGHOUT THE YEAR, THE FOUNDATION HAS UTILIZED SURVEY DATA FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AS WELL AS REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE. SALARIES FOR NEW HIRES AND FOR CONTINUING EMPLOYEES IS ADJUSTED AS NECESSARY BASED ON THE FOUNDATION'S SALARY STRUCTURE AND THE MOST RECENTLY AVAILABLE BENCHMARK DATA. BASED ON THAT DATA, THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION AND OTHER MEMBERS OF MANAGEMENT AS NECESSARY, PERSONS WHO DID NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION PACKAGES GIVEN TO OTHER OFFICERS AND KEY EMPLOYEES THAT THEY SUPERVISE, AGREED UPON THE APPROPRIATE COMPENSATION PACKAGES. DOCUMENTATION SUPPORTING COMPENSATION DECISIONS IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AND ADMINISTRATION.</p>

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