

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 mission of the Elton John AIDS Foundation (EJAF) is to end the AIDS epidemic by ensuring everyone has the information and means to prevent infection and all people living with HIV have access to high-quality medical care and treatment across the United States, the Americas, and the Caribbean

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 \$ 10,694,784 including grants of \$ 8,856,500) (Revenue \$)
THE ELTON JOHN AIDS FOUNDATION AWARDED \$8,856,500 IN GRANTS TO HIV/AIDS RELATED PROGRAMS CONDUCTED IN THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.	

4b	(Code) (Expenses \$ 1,040,000 including grants of \$ 1,040,000) (Revenue \$)
THE ELTON JOHN AIDS FOUNDATION AWARDED \$1,040,000 TO ORGANIZATIONS WITH HIV/AIDS RELATED PROGRAMS CONDUCTED OUTSIDE THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.	

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

4d	Other program services (Describe in Schedule O)
(Expenses \$	including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	11,734,784
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.	1a	66	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	12	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records
SCOTT CAMPBELL 584 BROADWAY SUITE 906 NEW YORK, NY 10012 (212) 219-0670

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT P CAMPBELL EXECUTIVE DIRECTOR	60 0 0 0	X		X				325,000	0	27,998
(2) SIR ELTON JOHN FOUNDER	4 0 0 0	X		X				0	0	0
(3) DAVID FURNISH CHAIRMAN	4 0 0 0	X		X				0	0	0
(4) M MICHELE BURNS TREASURER	4 0 0 0	X		X				0	0	0
(5) BARRON SEGAR SECRETARY	4 0 0 0	X		X				0	0	0
(6) ANNE ASLETT EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(7) EDWINA BARBIS EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(8) BILLIE JEAN KING EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(9) ILANA KLOSS EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(10) SARAH MCMULLEN EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(11) THOMAS E MOORE III EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(12) JOHN SCOTT EXECUTIVE BOARD MEMBER	4 0 0 0	X						0	0	0
(13) MATTHEW BLINSTRUBAS DIRECTOR OF GRANTS	45 0 0 0					X		102,000	0	15,197

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	427,000	0	43,195

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 ► 2

		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
AAB Productions Inc, 64 Allen Street 5th Floor NEW YORK, NY 10002	Event Coordinator	136,000
West Wing Writers, 1150 Connecticut Avenue NW WASHINGTON, DC 20036	Consulting	120,000
The Fremont Center, PO Box 41 FREMONT CENTER, NY 12736	Consulting	111,725
Berlin Rosen LTD, 15 Maiden Lane Suite 1600 NEW YORK, NY 10038	Consulting	108,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

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	9,130,692			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	55,084			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,044,083			
	g	Noncash contributions included in lines 1a-1f \$		360,600			
	h	Total. Add lines 1a-1f		12,229,859			
Program Service Revenue			Business Code				
	2a						
	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)		42,247			42,247
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		28,215			28,215
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)		0			
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 9,130,692 of contributions reported on line 1c) See Part IV, line 18		1,095,536			
		a					
		b	2,188,290				
c	Net income or (loss) from fundraising events . . .		-1,092,754			-1,092,754	
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
	c						
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		11,207,567			-1,022,292	

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 domestic organizations and domestic governments. See Part IV, line 21	8,856,500	8,856,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,040,000	1,040,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	352,997	176,498	70,600	105,899
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	232,963	107,261	67,824	57,878
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,347	2,674	1,069	1,604
9	Other employee benefits	40,860	20,430	8,172	12,258
10	Payroll taxes	30,822	15,412	6,164	9,246
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	37,018	8,514	26,283	2,221
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	10,182		10,182	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,798	167,513	27,385	2,900
12	Advertising and promotion	0			
13	Office expenses	188,001	13,868	62,708	111,425
14	Information technology	0			
15	Royalties	0			
16	Occupancy	97,358	77,886	19,472	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	88,782	62,147		26,635
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,298		5,298	
23	Insurance	16,867		16,867	
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	PUBLIC EDUCATION ADVOCACY	547,072	547,072		
b	COMMUNICATIONS & MARKETING	401,595	401,595		
c	GREATER THAN AIDS GRANT EXP	187,302	187,302		
d	DEVELOPMENT - GENERAL	50,112	50,112		
e	All other expenses	12,103		12,103	
25	Total functional expenses. Add lines 1 through 24e	12,398,977	11,734,784	334,127	330,066
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		1,932,894	1	1,645,320	
	2	Savings and temporary cash investments		1,000,369	2	677,524	
	3	Pledges and grants receivable, net		76,346	3	437,513	
	4	Accounts receivable, net		0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		56,415	7	56,415	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		342,586	9	141,914	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	90,122			
	b	Less: accumulated depreciation	10b	77,795	14,629	10c	12,327
	11	Investments—publicly traded securities		7,137,016	11	8,341,010	
	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)			10,560,255	16	11,312,023	
Liabilities	17	Accounts payable and accrued expenses		80,777	17	269,881	
	18	Grants payable		65,783	18	2,125,000	
	19	Deferred revenue		1,206,556	19	1,001,413	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	0	
	26	Total liabilities. Add lines 17 through 25			1,353,116	26	3,396,294
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		9,061,870	27	7,915,729	
	28	Temporarily restricted net assets		145,269	28	0	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		9,207,139	33	7,915,729	
	34	Total liabilities and net assets/fund balances		10,560,255	34	11,312,023	

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	11,207,567
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,398,977
3	Revenue less expenses Subtract line 2 from line 1	3	-1,191,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	9,207,139
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-100,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,915,729

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		No
b	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	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Elton John AIDS Foundation Inc

Employer identification number
58-2033460

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

☐

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

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

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

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,514,470	13,704,425	10,049,766	10,673,077	12,229,859	55,171,597
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	8,514,470	13,704,425	10,049,766	10,673,077	12,229,859	55,171,597
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	928,270	2,630,058	328,498	269,000	514,938	4,670,764
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	2,058,768	3,257,888	2,221,588	1,423,996	2,457,348	11,419,588
c Add lines 7a and 7b	2,987,038	5,887,946	2,550,086	1,692,996	2,972,286	16,090,352
8 Public support. (Subtract line 7c from line 6.)						39,081,245

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	8,514,470	13,704,425	10,049,766	10,673,077	12,229,859	55,171,597
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,584	82,004	306,842	160,398	64,818	720,646
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	106,584	82,004	306,842	160,398	64,818	720,646
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,189,750	971,768	1,038,564	998,349	1,095,536	5,293,967
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,810,804	14,758,197	11,395,172	11,831,824	13,390,213	61,186,210
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	63.873 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	60.623 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	1.178 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	1.322 %

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div></div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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" on 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)	Revenue included on 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	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on 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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		62,970	50,643	12,327
e Other		27,152	27,152	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				12,327

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	13,479,412
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	183,555	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-100,000	
e	Add lines 2a through 2d		2e	83,555
3	Subtract line 2e from line 1		3	13,395,857
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	-2,188,290	
c	Add lines 4a and 4b		4c	-2,188,290
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	11,207,567

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	14,770,822
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	183,555	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	2,188,290	
e	Add lines 2a through 2d		2e	2,371,845
3	Subtract line 2e from line 1		3	12,398,977
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	12,398,977

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
FIN48 (ASC 740) Footnote	Schedule D, Part X, Line 2 THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAX UNDER COMPARABLE PROVISIONS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION DOES NOT HAVE ANY INCOME, WHICH IT BELIEVES WOULD SUBJECT IT TO UNRELATED BUSINESS INCOME TAXES. THE FOUNDATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING TOPIC FOR INCOME TAXES, WHICH PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX PROVISIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. THE FOUNDATION RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED IN THE FUTURE. THE FOUNDATION DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. THERE ARE NO TAX EXAMINATIONS CURRENTLY PENDING.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Reconciliation of Expenses with AFS	Schedule D, Part XI, Line 2d Fundraising Event Expenses Reclass - (\$2,188,290)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

► **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Elton John AIDS Foundation Inc

Employer identification number

58-2033460

Part I General Information on Activities Outside the United States.

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

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 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
(1) North America			Grantmaking	N/A	165,000
(2) Central America and the Caribbean			Grantmaking	N/A	75,000
(3) Europe (Including Iceland and Greenland)			Grantmaking	N/A	800,000
(4)					
(5)					
3a Sub-total					1,040,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,040,000

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

5

3

Enter total number of other organizations or entities ▶

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

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

Part IV Foreign Forms

- 1

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

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

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, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U S	Schedule F, Part I, Line 2 ELTON JOHN AIDS FOUNDATION, INC REGULARLY EVALUATES ITS GRANT- MAKING PRIORITIES WITHIN THE CONTEXT OF THE EVER-CHANGING CHALLENGES AND NEEDS OF THE EVOL VING HIV/AIDS EPIDEMIC, TARGETING ITS GRANT AWARDS WHERE THEY WILL MAKE THE GREATEST IMPAC T ELTON JOHN AIDS FOUNDATION, INC HAS EXPANDED NOT ONLY THE AMOUNG OF MONEY GIVEN BUT AL SO STRATEGICALLY TARGETED KEY POPULATIONS THAT ARE POORLY SERVED BY CURRENT PREVENTION EFF ORTS AND MOST AT RISK OF INFECTION INCLUDING CRITICALLY UNDER-FUNDED COMMUNITIES OF THE S OUTHERN UNITED STA TES, THE CARIBBEAN, AND LATIN AMERICA ELTON JOHN AIDS FOUNDATION, INC REQUIRES THE SUBMISSION OF INTERIM AND FINAL REPORT FROM ALL ORGANIZATIONS RECEIVING FUNDI NG ADDITIONALLY, THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN- PERSON MEETINGS WI TH GRANTEES TO ASSESS THEIR PROGRESS

Additional Data

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

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Criminal law and HIV New educational tools and ad	50,000				
		Europe (Including Iceland and Greenland)	HIV/AIDS related programs in Africa	800,000				
		North America	Finding a safe haven for persecuted LGBT individuals	40,000				
		Central America and the Caribbean	Access to HIV Services for Transgenders in Jamaica	75,000				

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)
		North America	Examining PreP access for Sex Workers in Canada	75,000				

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Elton John AIDS Foundation Inc

Employer identification number
58-2033460

Part I Fundraising Activities

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		AEV 2015 (event type)	Oscar 2015 (event type)	3 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,304,988	5,759,790	1,161,450	10,226,228
	2 Less Contributions	2,928,052	5,143,840	1,058,800	9,130,692
	3 Gross income (line 1 minus line 2)	376,936	615,950	102,650	1,095,536
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	138,884	47,623		186,507
	7 Food and beverages		261,425		261,425
	8 Entertainment				
	9 Other direct expenses	344,071	1,350,317	45,970	1,740,358
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,188,290
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,092,754

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

11

Does the organization conduct 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 conducted 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
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2015

Open to Public Inspection

58-2033460

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S	Schedule I, Part I, Line 2 ELTON JOHN AIDS FOUNDATION, INC. REQUIRES THE SUBMISSION OF THE INTERIM AND FINAL REPORTS FROM ALL ORGANIZATIONS RECEIVING FUNDING. ADDITIONALLY, THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN-PERSON MEETINGS WITH GRANTEEES TO ASSESS THEIR PROGRESS. GRANTS GIVEN TO THE FOLLOWING ORGANIZATIONS ARE MADE WITH THE INTENTION THAT THEY ARE BENEFITING PEOPLE IN SOUTH AFRICA AND THE CARIBBEAN: AID FOR AIDS NEW YORK, NY; AMFAR; THE FOUNDATION FOR AIDS RESEARCH; CAREBBEAN BROADCAST MEDIA PARTNERSHIP ON HIV/AIDS INITIATIVE; COLLABORATIVE TREATMENT PREPAREDNESS; THE U.S. FUND FOR UNICEF; AND TIDES CENTER.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Afram South Inc 13 Arlington Road Montgomery,AL 36105	20-4664249	501(C)(3)	25,000				Using a CBPR Approach to Strengthen Sexual Health
Africa Schoolhouse 1158 26th ST427 Santa Monica,CA 90403	20-5955367	501(C)(3)	10,000				LGBT rights and event support
AIDS Alabama 3529 7th Avenue South Birmingham,AL 35222	58-1727755	501(C)(3)	100,000				Empower Advocates to Change HIV Policy in Alabama

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AIDS Community research Initiative of America 575 Eighth Ave Ste 502 New York, NY 10018	13-3632234	501(C)(3)	50,000				HIV Advocacy, Education, and Research
AIDS Project Worcester Inc 85 Green ST Worcester, MA 01604	04-2970467	501(C)(3)	20,000				Syringe Access Program
AIDS Resource Center of Wisconsin 820 N Plankinton Ave Milwaukee, WI 53203	39-1534049	501(C)(3)	50,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Resource Center Ohio Inc 4400 N High StSte 300 Columbus, OH 43214	31-1126780	501(C)(3)	40,000				Syringe Access Program
AIDS United 1424 K Street NW Washington, DC 20005	52-1706646	501(C)(3)	300,000				General Operating Support
Alamo Area Resource Center 303 N Frio San Antonio, TX 78207	74-2583211	501(C)(3)	75,000				The San Antonio LGBT Health Equality Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alaskan AIDS Assistance Association 1057 W FdSte 102 Anchorage, AK 99503	92-0113788	501(C)(3)	40,000				Syringe Access Program
Association of Nurses in AIDS Care 3538 Ridgewood Rd Akron, OH 44333	58-1849791	501(C)(3)	50,000				Mobilizing Nurses to End HIV Criminalization & Imp
Atlanta Harm Reduction Coalition Inc PO Box 92670 Atlanta, GA 303140670	58-2227958	501(C)(3)	62,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Austin Harm Reduction Coalition PO Box 13482 Austin, TX 78711	74-2752554	501(C)(3)	60,000				Syringe Access Program
Big Bend Cares 2201 S Monroe St Tallahassee, FL 32301	59-2816580	501(C)(3)	40,000				Black MSM HIV Testing, Linkage and Adherence via P
Birmingham AIDS Outreach 205 32nd Street South Birmingham, AL 35233	63-0948495	501(C)(3)	50,000				Magic City Acceptance Center (MCAC)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Border AIDS Partnership 333 N Oregon 2nd floor El Paso, TX 79901	20-5385547	501(C)(3)	65,000				Syringe Access Program
CAMC Health Systems Inc 3110 MacCorkle SE Charleston, WV 25304	55-0753754	501(C)(3)	50,000				CAMC Ryan White Program Expanded Linkage to Care i
Casa Ruby 2822 Georgia Avenue Nw Washington, DC 20001	34-1978347	501(C)(3)	25,000				Trans Life Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Casa Ruby 2822 Georgia Avenue Nw Washington, DC 20001	34-1978347	501(C)(3)	80,000				Trans Life Center
Casa Segura HEPPAC PO BOX 7522 Oakland, CA 94601	94-3205535	501(C)(3)	40,000				Syringe Access Program
Center for Health Justice 900 Avila St301 Los Angeles, CA 90012	42-1605887	501(C)(3)	75,000				Taking Back Our Power

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Central Louisiana AIDS Support Center 1785 Jackson Street Alexandria, LA 71301	72-1097079	501(C)(3)	40,000				Free prevention testing and advocacy
Chapin Hall 1313 East 60th Street Chicago, IL 60637	36-2167012	501(C)(3)	100,000				Voices of Youth Count
Chicago Recovery Alliance 3110 W TAYLOR ST Chicago, IL 60612	36-3809778	501(C)(3)	75,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Clinton Health Access Initiative 383 Dorchester Avenue Boston, MA 02127	31-1580204	501(C)(3)	20,000				Building Capacity and Sustainability to Increase A
Coastal Bend Wellness Foundation 5633 S Staples Corpus Christi, TX 78411	74-2429518	501(C)(3)	60,000				OUTYouth
Colorado Nonprofit Development Center dba Harm Red 231 E Colfax Ave Denver, CO 80203	84-1493585	501(C)(3)	50,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Community Health Awareness Group 1300 W Fort Street Detroit, MI 48226	38-2704374	501(C)(3)	45,000				Syringe Access Program
Criminal Justice Ministry 941 Park Avenue Saint Louis, MO 63104	46-2647318	501(C)(3)	60,000				Syringe Access Program
Desert AIDS Project 1695 N Sunrise Way Palm Springs, CA 92262	33-0068583	501(C)(3)	11,000				Get Tested Coachella Valley

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Destination Tomorrow Inc 890 Ga Ave2nd Fl Bronx, NY 10474	80-0259180	501(C)(3)	25,000				LGBTQ programs in the Bronx
Duke University Box 90360 Durham, NC 27708	56-0532129	501(C)(3)	50,000				Alliance for Southern HIV/AIDS Care (ASHAC)
Emory University 1518 Clifton Road Atlanta, GA 30322	58-0566256	501(C)(3)	50,000				Center for Health of Incarcerated Persons/Emory Un

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Equality California Institute 202 W Ste 3-0130 Los Angeles, CA 90012	68-0438008	501(C)(3)	200,000				Equality California Institute HIV/AIDS Decriminali
Equality Foundation of Georgia 1530 DeKalb Avenue Atlanta, GA 30307	58-2346744	501(C)(3)	75,000				Georgia HIV Advocacy Network
Families and Youth Inc 1320 S Solano Las Cruces, NM 88001	85-0275762	501(C)(3)	46,200				Syringe Access Program

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Feminist Women's Health Center Inc 1924 Cliff Valley Way NE Atlanta, GA 30329	58-1273243	501(C)(3)	55,000				Black Women's Wellness Initiative
Foundation for a National AIDS Monument 9200 SunSET Blvd West Hollywood, CA 90069	46-2791464	501(C)(3)	50,000				Education and community programming around the new
Frederiksted Health Care 516 Strand Street Frederiksted, VI 01198	66-0586667	501(C)(3)	42,050				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Free State Legal 231 E Baltimore St Baltimore, MD 21202	26-2174290	501(C)(3)	70,000				LGBTQ Medical-Legal Partnership (MLP)
Friends for Life Corporation 43 N Cleveland Street Memphis, TN 38104	62-1511959	501(C)(3)	75,000				Youth Leadership Initiative
Funders for LGBTQ Issues 104 West 29th St 804 New York, NY 10001	13-4144494	501(C)(3)	7,500				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Garden State Equality 40 S Fullerton Ave Montclair, NJ 07042	20-2588166	501(C)(3)	25,000				Transgender people, HIV Treatment Adherence and Ho
Gay Men's Health Crisis (GMHC) 446 W 33rd St New York, NY 10001	45-2489069	501(C)(3)	10,000				Discretionary
Georgia AIDS Coalition 1110 E R Spring Rd Atlanta, GA 30306	58-1852676	501(C)(3)	50,000				Georgia AIDS Advocacy in Action

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Georgia State University Foundation PO Box 3995 Atlanta, GA 30302	58-6033185	501(C)(3)	50,000				The Linkage to Care Peer Navigation Training Progr
Guiding Right Inc 7901 NE 10th St Midwest City, OK 73110	73-1572221	501(C)(3)	50,000				?Not Knowing is Contagious? Mobile Testing Tour (N
HarborPath Woodfield Corp Ctr Charlotte, NC 28226	45-5174402	501(C)(3)	100,000				HarborPath Outreach and Portal Program Expansion

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Harm Reduction Coalition 22 W 27th St 5th Fl New York, NY 10001	94-3204958	501(C)(3)	75,000				Syringe Access Program
Health Frontiers in Tijuana (HFiT) PO Box 5771 Chula Vista, CA 91912	12-1234567	501(C)(3)	54,000				Migrante Seguro
Health through Walls HTW North Miami, FL 33181	55-0909719	501(C)(3)	50,000				Prisoners on Hispaniola Test and Treat for HIV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hetrick-Martin Institute 2 Astor Place New York, NY 10003	13-3104537	501(C)(3)	65,000				HMI Center for LGBTQ Youth Advocacy
HIPS 1309 RI Ave NE 2B Washington, DC 20018	52-1847137	501(C)(3)	40,000				Syringe Access Program
HIV Alliance 1966 Garden Ave Eugene, OR 97403	93-0963546	501(C)(3)	25,000				Syringe Access Program

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HIVHCV Resource Center 2 Blacksmith Street Lebanon, NH 03766	22-3104237	501(C)(3)	5,750				Syringe Access Program
Housing Works Inc 57 W St 2nd Fl Brooklyn, NY 11201	13-3584089	501(C)(3)	125,000				Activism and Organizing for PWID in the Caribbean
Housing Works Inc 57 W St 2nd Fl Brooklyn, NY 11201	13-3584089	501(C)(3)	70,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Howard Brown Health Center 4025 N Sheridan Rd Chicago, IL 60613	36-2894128	501(C)(3)	40,000				Syringe Access Program
Human Rights 1640 RI Ave NW Washington, DC 20036	52-1481896	501(C)(3)	300,000				Capacity-Building & Community Mobilization with LG
Hyacinth AIDS Foundation 317 G St Ste 203 New Brunswick, NJ 08901	22-2648820	501(C)(3)	50,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Immigration Equality 40 Ex Pl Ste 1300 New York, NY 10005	13-3802711	501(C)(3)	50,000				Advocacy and free legal services for LGBT and HIV -
Imperial Court of New York Inc PO Box 613 New York, NY 10016	13-3460157	501(C)(3)	5,500				Support for annual fundraising event
Interior AIDS Association PO Box 71248 Fairbanks, AK 99707	92-0127274	501(C)(3)	10,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Jacksonville Area Sexual 923 Pennin Pl Jacksonville, FL 32204	59-3284175	501(C)(3)	55,000				JASMYN PrEP Access Project
Kaiser Family Foundation 2400 Sand Hill Road Menlo Park, CA 94025	94-6064808	501(C)(3)	150,000				Greater Than AIDS We Are Family Increasing social
Kansas City Free Health Clinic 3515 Broadway Kansas City, MO 64111	43-0967292	501(C)(3)	40,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LA Gay and Lesbian Center 1625 NS Blvd Los Angeles, CA 900286213	95-3567895	501(C)(3)	75,000				Expanding Access to HIV/STI Prevention, Testing an
Memphis Gay and Lesbian Community 892 S Cooper St Memphis, TN 38104	62-1398741	501(C)(3)	75,000				The Memphis SYNAPSE Project
Migrant Health Center Inc Calle Ramon Emeterio Betances 392 Mayaguez, PR 00680	66-0427801	501(C)(3)	50,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Mississippi Center for Justice 5 Old River Pl Jackson, MS 39202	13-4203234	501(C)(3)	75,000				Mississippi Medical-Legal Partnership for People L
Movement Strategy Center 436 14th Street Oakland, CA 94612	20-1037643	501(C)(3)	125,000				Ensuring High-Quality Sexual and Reproductive Heal
My Brother's Keeper Inc 710 Avignon Dr Ridgeland, MS 39157	64-0937314	501(C)(3)	100,000				Becoming a Healthier U Program 2 0

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Nashville CARES Nashville CARES Nashville, TN 37204	62-1274532	501(C)(3)	55,000				Brothers United Network of Tennessee
National Alliance of State and Territorial AIDS Directors NASTAD Washington, DC 20001	91-1568650	501(C)(3)	60,000				Drug User Health Innovation Learning Collaborative
National Black Justice Coalition Post Office Box 71395 Washington, DC 20024	20-0667808	501(C)(3)	200,000				Black LGBT Health and Wellness Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NC AIDS Action Network Box 25044 Raleigh, NC 27611	32-0323779	501(C)(3)	50,000				Gaining Rights the Organizing Way (GROW) Project
NCCIThe Center for HIV Law and Policy 65 Broadway New York, NY 10006	02-0590588	501(C)(3)	200,000				Positive Justice & Sexual Health Project
New Jersey AIDS Partnership Post Office Box 338 Morristown, NJ 07963	22-2281783	501(C)(3)	100,000				The New Jersey PrEP Peers Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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New York City AIDS Memorial Phaidon New York, NY 10014	61-1632107	501(C)(3)	50,000				NYC AIDS Memorial - Education and Cultural Program
North Carolina Harm Reduction Coalition Inc (NCHR) PO Box 13761 Durham, NC 27709	20-3452075	501(C)(3)	70,000				Syringe Access Program
Northern Nevada HOPES 467 Ralston St Reno, NV 89503	86-0865357	501(C)(3)	20,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALSS Inc 2638 Two Notch Road Columbia, SC 29204	57-0841427	501(C)(3)	50,000				Expansion of Clinical Services
Partners In Health 800 Boylston StrSte 1400 Boston, MA 021998190	04-3567502	501(C)(3)	500,000				Delivering Integrated HIV Care and Services at St
People's Harm Reduction Alliance 1415 NE 43rd Street Seattle, WA 71104	35-2307112	501(C)(3)	75,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Philadelphia Center 2020 Cent Blvd Shreveport, LA 71104	72-1204252	501(C)(3)	50,000				Advancing HIV/AIDS Advocacy in Northwest Louisiana
Point Defiance AIDS Project NASen New Orleans Try 3221 Ann St New Orleans, LA 70115	91-1435394	501(C)(3)	20,000				Syringe Access Program
Point Defiance AIDS Project- Buyers Club 535 Dock Street Suite 112 Tacoma, WA 98402	91-1435394	501(C)(3)	75,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Point Defiance AIDS Project Project SAFE PO Box 42016 Philadelphia, PA 19139	91-1435394	501(C)(3)	41,000				Syringe Access Program
Point Defiance AIDS Projects-Shot in the Dark 535 Dock Street Suite 112 Tacoma, WA 98402	91-1435394	501(C)(3)	50,000				Syringe Access Program
Point Foundation 5055 W Blvd Ste 501 Los Angeles, CA 90036	84-1582086	501(C)(3)	105,000				Non-Profit Internships & Consortium Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Port Defiance AIDS Project NASN Fresno Needle Exc 933 F Street Fresno, CA 93706	91-1435394	501(C)(3)	50,000				Syringe Access Program
President and Fellows of Harvard College 122 Boylston Street Jamaica Plain, MA 02130	04-2103580	501(C)(3)	100,000				Health Care Rights Enforcement Project of Center
Prevention Point Philadelphia 2913-15 K Ave Philadelphia, PA 19134	23-2663699	501(C)(3)	50,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Prevention Point Pittsburgh 907 West St 5th Flr Pittsburgh, PA 15221	25-1852314	501(C)(3)	70,000				Syringe Access Program
Project Weber 122 Benefit St Providence, RI 02903	46-0964136	501(C)(3)	50,000				Supporting Rhode Island's Sex Workers through HIV
Proteus Fund PO Box 1159 Brooklyn, NY 11238	04-3243004	501(C)(3)	75,000				Third Wave Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Public Health Fdn Enterprises Inc 626 N Alvarado Los Angeles, CA 90026	95-2557063	501(C)(3)	75,000				Syringe Access Program
Safe Horizon 2 Lafa St 3rd Fl New York, NY 10007	13-2946970	501(C)(3)	30,000				Syringe Access Program
Santa Fe Mountain Center PO Box 449 Tesuque, NM 87574	85-0272388	501(C)(3)	30,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Selma AIR 102 Central Park Place Selma, AL 36701	63-1133272	501(C)(3)	50,000				Man UP A Program of Purpose and Empowerment
Sero Project Inc PO Box 1233 Milford, PA 18337	23-3020962	501(C)(3)	75,000				Sero Project
Sister Love Inc 3709 Bakers Ferry Road Atlanta, GA 30310	58-2016070	501(C)(3)	50,000				TLC (Testing and Linkage to Care) Youth Advocacy C

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Social and Environmental Entrepreneurs 2232 E Monterey Vista Tuscon, AZ 85713	95-4116679	501(C)(3)	50,000				Nothing about Us, Without Us HIV/AIDS-related com
South Carolina HIV Task Force PO Box 624 Columbia, SC 29202	46-5475844	501(C)(3)	25,000				South Carolina HIV Task Force - Advocacy and Outre
South Carolina HIVAIDS Council 1813 Laurel Street Columbia, SC 29201	57-0994526	501(C)(3)	50,000				ELITE Society of the Undetectbles A Model to Adv

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Jersey Against AIDS Inc (DBA South Jersey 19 Gordons Alley Atlantic City, NJ 08401	22-2686586	501(C)(3)	30,000				Syringe Access Program
Southern AIDS Coalition Inc PO Box 550249 Birmingham, AL 35255	63-0985623	501(C)(3)	50,000				Stronger Together Connecting for Change Across th
Southern Arizona AIDS Foundation 375 S Euclid Ave Tucson, AZ 85719	86-0864100	501(C)(3)	30,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Spark Reproductive Justice Now 250 Georgia Ave SE Atlanta, GA 30312	58-5311018	501(C)(3)	50,000				Fierce Youth Reclaiming and Empowering (FYRE) Prog
Special Service for Groups (SSG) 610 EC Chase Dr8 Glendale, CA 91205	95-1716914	501(C)(3)	75,000				Surviving People Unveiling New Knowledge (SPUNK) T
St James Infirmary (SJI) 234 Eddy Street San Francisco, CA 94102	94-3330568	501(C)(3)	50,000				SJI & Transgender Gender Variant Intersex Justice

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STAND Inc 4319 Covington Highway Decatur, GA 30035	58-2548153	501(C)(3)	100,000				The Person Centered Project
Sylvia Rivera Law Project 147 W 24th St 5th Fl New York, NY 10011	81-0640342	501(C)(3)	50,000				Transgender Health Initiative
The Attic Youth Center 255 S 16th Street Philadelphia, PA 19102	23-3020071	501(C)(3)	50,000				LGBTQ Youth of Color Leadership , Advocacy, and We

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Bronx Museum of Arts 1040 Grand Concourse Bronx, NY 10456	13-2709368	501(C)(3)	50,000				Art /AIDS/ The Bronx Community Programs during Ar
The Children's Museum of Indiana 3000 N Meri St Indianapolis, IN 46208	35-0867985	501(C)(3)	23,500				Ryan White and HIV The Power of Children and a Mo
The Fortune Society 29-76 N Blvd Long Island City, NY 11101	13-2645436	501(C)(3)	25,000				The Fortune Society's Health Services Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Free Medical Clinic of Greater Cleveland 12201 Euclid Avenue Cleveland, OH 44106	23-7078501	501(C)(3)	40,000				Syringe Access Program
The Grand Rapids Red Project (HIVAIDS Services I) 343 Atlas Ave SE Grand Rapids, MI 49506	38-3414580	501(C)(3)	50,000				Syringe Access Program
The Portland Needle Exchange Program 103 India Street Portland, ME 04101	01-6000032	501(C)(3)	18,000				Syringe Access Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Red Door Foundation 1750 Mad Ave Ste 600 Memphis, TN 38104	27-1379797	501(C)(3)	10,000				Serving Ourselves Symposium
The Research Foundation of SUNY 760 Parkside Drive Brooklyn, NY 11226	14-1368361	501(C)(3)	50,000				House Lives Matter
The Thrive Tribe Foundation 1106 N La C Blvd West Hollywood, CA 90069	46-4093810	501(C)(3)	25,000				Thrive Tribe ADAP/QA-HIPP Enrollment Assistance,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Williams Institute Box 951476 Los Angeles, CA 90095	95-6006143	501(C)(3)	75,000				HIV Criminalization Translating Data into Communi
Tides Center'Homeless Youth Alliance San Francisc PO Box 170427 San Francisco, CA 94117	94-3213100	501(C)(3)	75,000				Syringe Access Program
Transgender Law Center 1629 Tele AveSte 400 Oakland, CA 94612	05-0544006	501(C)(3)	300,000				Positively Trans

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Treatment Action Group 261 Fifth Ave Suite 2110 New York, NY 10010	13-3624785	501(C)(3)	170,000				Research Towards a Cure and Ending the Epidemic
True Colors Fund 330 W 38th St405 New York, NY 10018	45-2489069	501(C)(3)	10,000				General Support
UCSD School of Medicine 9500 Gilman drive La Jolla, CA 92093	95-6006144	501(C)(3)	50,000				Acceso

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Puerto Rico - Medical Sciences PO Box 365067 San Juan, PR 009365067	66-0433762	501(C)(3)	85,000				Addressing stigma among transgender populations in
Urban Justice Center 123 W St Fl16 New York, NY 10038	13-3442022	501(C)(3)	50,000				Domestic - MSM Initiative
Wanda Alston Foundation 300 New Jersey Ave NW Washington, DC 20001	46-3159251	501(C)(3)	35,000				Wanda Alston House

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women With A Vision Inc 1001 S Broad St New Orleans, LA 70125	72-1202185	501(C)(3)	100,000				BLAC (Black LGBTQ Action Coalition) formerly Black

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Elton John AIDS Foundation Inc

Employer identification number
58-2033460

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</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	
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	
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><input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
4 During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on 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" on 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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT P CAMPBELL EXECUTIVE DIRECTOR	(i)	260,000 ----- 0	65,000 ----- 0	0 ----- 0	15,600 ----- 0	12,398 ----- 0	352,998 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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

Department of the Treasury
Internal Revenue Service

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	7	296,500	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>HAWAIIAN VACATION</u>)	X	1	15,000	FMV
26 Other ► (<u>VACATION</u>)	X	1	19,000	0
27 Other ► (<u>CHAMPAGNE</u>)	X	1	11,000	0
28 Other ► (<u>JEWELRY</u>)	X	1	19,100	0

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	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
Elton John AIDS Foundation Inc

Employer identification number

58-2033460

990 Schedule O, Supplemental Information

Return Reference	Explanation
Program Service Accomplishments	<p>Form 990, Part III, Line 4 The Elton John AIDS Foundation (EJAF) supports community-based prevention programs, harm reduction programs, public education to reduce the stigma of HIV/AIDS, advocacy to improve AIDS-related public policy, and direct services to persons living with HIV/AIDS, especially populations with special needs. Direct services include HIV/AIDS-related medical and mental health treatment, testing and counseling, assisted living, social service coordination, and legal aid. EJAF works in collaboration with other like-minded organizations to fund cutting-edge, community-centered work. EJAF's grant-making initiatives strategically target key regions and populations that are poorly served by current prevention efforts and most at risk of infection. The Foundation's grant-making priorities include critically under-funded communities of (1) the Caribbean, (2) the Southern United States and major urban areas across the U.S. that are significantly impacted by HIV/AIDS, highly impacted populations such as (3) people living with HIV/AIDS, (4) gay and bisexual men and transgender individuals, (5) Black Americans, (6) people who inject drugs, (7) people who are or have been incarcerated, (8) women and girls, and (9) adolescents and young adults. Finally, many of the grants awarded by EJAF can be classified under more than one of these priority areas (i.e., LGBT youth, Black Americans in the rural South, gay injection drug users, Black gay men, etc.). For reporting purposes, EJAF categorizes its grant-making as Domestic (programs conducted in the United States) or International (programs conducted in Outside the United States). Total Domestic Grants awarded 8,856,500 Total International Grants awarded 1,040,000 2015 Grant-making Priorities During 2015, EJAF awarded 139 grants to the charitable organizations for a total investment of more than \$9.8 million in grants focused on the following goals: HEALTH AND WELLNESS EJAF funds HIV-related services and advocacy to help people attain good health. Activities include HIV testing, linking and retaining patients in medical care, syringe exchange services, access to PrEP, and healthcare policy work. RIGHTS EJAF funds services, community organizing, and advocacy to help people pursue and protect their rights. Examples include education about rights and activism, and provision of legal services. IMPROVED QUALITY OF LIFE EJAF funds services, organizing, and advocacy to help people build welcoming and diverse communities that work to lift people out of poverty and provide opportunities for success. Examples include re-entry programs for prisoners, LGBT Community Centers. RESILIENCE EJAF funds capacity building to strengthen organizations and activism addressing HIV. Examples include general operating support, trainings for advocates and organizational staff, and training for healthcare providers. EJAF focuses its funding efforts to improve the lives of people at greatest risk for HIV infection, prioritizing support for health programming and activism for LGBT people, Black Americans, HIV-positive prisoners and parolees, sex workers, people who use drugs, women, and young people. 1 People living with HIV are central to all efforts to prevent, treat, and end HIV. At least 70 grants specifically supporting people living with HIV. 2 Gay and bisexual men and transgender people comprise over half of all people infected with HIV in the U.S. and a major part of the epidemic in the Caribbean. At least 60 grants deliberately served LGBT people. 3 Black women and men (i.e. of African and Caribbean heritage) account for nearly half of the HIV epidemic in the U.S. and nearly the entire HIV epidemic in the Caribbean. At least 70 grants deliberately supported or served Black Americans. 4 People who inject drugs account for 12% of new HIV infections in the United States, with half of these injection drug users being Black Americans, one third being women, and one third being gay or bisexual men or transgender. 46 grants specifically supported the health and rights of people who inject drugs. 5 People who are or have been incarcerated are 14% of all people living with HIV in the United States, and possibly a similar proportion in the Caribbean. 4 grants deliberately supported people who are or were incarcerated. 6 Women and girls are 29% of all people living with HIV in the United States, and half of all people living with HIV in the Caribbean. 13 grants deliberately supported women and girls. 7 Adolescents and young adults account for 20% of new HIV infections every year in the United States and over half of new infections in the Caribbean. 26 grants supported adolescents and young adults. EJAF follows the evidence about where HIV prevalence is high and targets its investments to those locations as a way to focus its grant making and increase its potential impact. In the Americas, the United States and the Caribbean both have significant HIV epidemics. Haiti, the southern U.S., and major U.S. urban centers all face high rates of HIV and have great potential for progress against the virus. THE CARIBBEAN EJAF focused investments on Haiti, the Dominican Republic, Jamaica, and Puerto Rico. CANADA EJAF invests and is open to investing programs across priorities in Canada. In 2015, EJAF awarded 3 grants to organizations working in Canada. LATIN AMERICA In 2015, EJAF awarded two grants to organizations working in Mexico. THE UNITED STATES The majority of EJAF's annual grant making is invested in communities in the United States highly impacted by HIV. In 2015, EJAF awarded \$7.4 million in grants for local community organizations and national programs across all thematic priority areas.</p>
BUSINESS OR FAMILY RELATIONSHIPS	<p>FORM 990, PART VI, SECTION A, LINE 2 ELTON JOHN AND DAVID FURNISH HAVE A FAMILY RELATIONSHIP. FORM 990 REVIEW PROCESS Form 990, Part VI, SECTION B, Line 11b - REVIEW OF FORM 990 THE FORM 990 IS REVIEWED BY THE FOUNDATION'S TREASURER AND PROVIDED TO THE BOARD BEFORE FILING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICTS OF INTEREST POLICY	Form 990, Part VI, Line 12c YES ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST DOCUMENT, THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY
PROCESS OF DETERMINING COMPENSATION	Form 990, Part VI, Line 15 Compensation for the Foundation's Executive Director was initially determined through the field review and analysis conducted by Mercer Consulting Ongoing review of said compensation is conducted by the board treasurer, board chairman and other members of the executive board

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES OF NET ASSETS AND FUND BALANCES	Form 990, Part XI, Line 9 Other Changes - (\$100,000) Return of 2012 Contribution
Amended return	Eton John Aids Foundation has amended this return to correct clerical errors in the narratives provided for Part III, line 4 - Program Service Accomplishments