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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

		ie zoto ca	endar year, or tax year begi	inning 01-01-2015 , and ending 12-31-201	.5		
		applicable	C Name of organization ELIZABETH GLASER PEDIATRIC	AIDS FOUNDATION		D Employe	r identification number
		change	% DANIEL WARCO			95-419	1698
	me ch	_	Doing business as				
] Inr	tıal ret	turn	Number and street (as D.O. har	x if mail is not delivered to street address) Room/su	uto	E Telephone	e number
Г ^{Fır} ret	nal :urn/te	erminated	1140 CONNECTICUT AVENW Su		iite	(202)2	96-9165
┌ Am	nended	d return		country, and ZIP or foreign postal code			
Г Ар	plicatio	on pending	WASHINGTON, DC 20036			G Gross rece	eipts \$ 121,929,532
			F Name and address of	principal officer		s a group re	
			CHARLES J LYONS II 1140 CONNECTICUT A	AVE STE 200		dinates?	TYes ▼No Ites TYes TNo
			WASHINGTON, DC 200)36	inclu	ll subordina ded?	ites Yes No
 I Та	ıx-exe	empt status	▼ 501(c)(3)	◀ (insert no)			list (see instructions)
	ebsit	te:► WW	W PEDAIDS ORG		rice) Grou	p exemptio	n number ►
K For	m of o	organization	Corporation Trust Associ	cration Other III	L Vear of fo	mation 1988	M State of legal domicile CA
	rt I	_	<u> </u>	Jation Other	L fear or to	illiation 1900	14 State of legal dofficile CA
Governance	7	TO PREVE		sion or most significant activities CTION AND TO ERADICATE PEDIATRIC OGRAMS	: AIDS THRO	UGH RESE	ARCH, ADVOCACY, AND
Gove	2	Check th	s box 析 if the organization	n discontinued its operations or disposed o	f more than 2	5% of its ne	et assets
	3	Numbero	f voting members of the gov	verning body (Part VI, line 1a)		. 1	3 11
Activities &	4	Numbero	findependent voting member	ers of the governing body (Part VI, line 1b)		. [4 10
Ħ K	5	Total nun	nber of individuals employed	l ın calendar year 2015 (Part V, lıne 2a)		[5 170
ď	6	Total nun	iber of volunteers (estimate	if necessary)		·	6
	1			m Part VIII, column (C), line 12			7a 0
	Б	Net unreia	ted business taxable incom	e from Form 990-T, line 34		r Year	7b Current Year
	8	Contril	outions and grants (Part VII)	(I, line 1h)		L 26,578,03	
ē	9			II, line 2g)			0 0
Revenue	10	_	·	lumn (A), lines 3, 4, and 7d)		75,32	9 59,383
æ	11	Other	revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-596,74	9 -212,315
	12	Total r 12)	evenue—add lines 8 through	n 11 (must equal Part VIII, column (A), line	е :	1 26,056,61	9 120,699,012
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		22,728,88	5 20,400,883
	14						
ø	15	Salarıe 5–10)		art IX, column (A), line 4)			0
e.			es, other compensation, emp	art IX, column (A), line 4)		54,841,44	
	16a	•	es, other compensation, emp	ployee benefits (Part IX, column (A), lines			2 54,122,671
∑	16a b	a Profes	es, other compensation, emp	t IX, column (A), line 11e)		54,841,44	2 54,122,671
Expenses	16a b 17	Profes	es, other compensation, emp sional fundraising fees (Par ndraising expenses (Part IX, colum	t IX, column (A), line 11e)			2 54,122,671 5 334,977
Expen	ь	Profes Total fu	es, other compensation, emposition of the series of the se	t IX, column (A), line 11e)		231,72	5 54,122,671 5 334,977 4 45,800,281
	b 17	Profes Total ful Other Total e	es, other compensation, emposition of the state of the st	bloyee benefits (Part IX, column (A), lines t IX, column (A), line 11e) nn (D), line 25) ▶3,499,205 (A), lines 11a-11d, 11f-24e)		231,72 48,385,72	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812
	b 17 18	Profes Total ful Other Total e	es, other compensation, emposition of the state of the st	t IX, column (A), line 11e)		231,72 48,385,72 126,187,77	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200
	b 17 18	Profes Total fur Other Total e	es, other compensation, emposition of the state of the st	bloyee benefits (Part IX, column (A), lines t IX, column (A), line 11e) on (D), line 25) ▶ 3,499,205 (A), lines 11a-11d, 11f-24e) (must equal Part IX, column (A), line 25) line 18 from line 12		231,72 48,385,72 126,187,77 -131,15	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200 ar End of Year
	b 17 18 19	Profes Total ful Other Total e Reven	es, other compensation, emposition of sional fundraising fees (Part IX, column draising expenses (Part IX, column (expenses Add lines 13–17 ue less expenses Subtract	bloyee benefits (Part IX, column (A), lines t IX, column (A), line 11e) on (D), line 25) ▶ 3,499,205 (A), lines 11a-11d, 11f-24e) (must equal Part IX, column (A), line 25) line 18 from line 12	. Beginning o	231,72 48,385,72 126,187,77 -131,15 of Current Ye 22,549,20 15,825,18	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200 ar End of Year 4 29,216,175 1 22,542,116
Not Assets or Fund Balances	b 17 18 19 20 21 22	Total a Total I Total a Total I Total I	es, other compensation, emposition of the signal fundraising fees (Part IX, column despenses (Part IX, column despenses Add lines 13–17 due less expenses Subtract despenses (Part X, line 16) and signal filters (Part X, line 26) assets or fund balances Subtract subtract sets or fund balances Subtract	t IX, column (A), line 11e)	. Beginning o	231,72 48,385,72 126,187,77 -131,15 f Current Ye	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200 ar End of Year 4 29,216,175 1 22,542,116
Sign Net Assets of Dude Not Balances	b 17 18 19 20 21 22 rt III er pen nowlearer h	Total a Total a Total a Total a Total a Total a Signa nalties of p edge and b has any kn	sional fundraising fees (Parindraising expenses (Part IX, column expenses (Part IX, column expenses Add lines 13–17 une less expenses Subtract elss expenses Subtract elss or fund balances Subtract else or fund balances Subtract else, it is true, correct, and lowledge	bloyee benefits (Part IX, column (A), lines t IX, column (A), line 11e) in (D), line 25) **\frac{3,499,205}{(A), lines 11a-11d, 11f-24e) (must equal Part IX, column (A), line 25) line 18 from line 12	Beginning of the state of the s	231,72 48,385,72 126,187,77 -131,15 1 Current Ye 22,549,20 15,825,18 6,724,02	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200 ar End of Year 4 29,216,175 1 22,542,116 3 6,674,059 ments, and to the best of
Mot Assets of Fund Balances	b 17 18 19 20 21 22 rt III er pen nowlearer h	Total a Total I Net as Signa nalties of pedge and bhas any kn	es, other compensation, emposional fundraising fees (Part IX, column despenses (Part IX, column fees) (Part IX, column fees) expenses Add lines 13–17 due less expenses Subtract despenses (Part X, line 16) due less or fund balances Subtract despenses or fund balances Subtract despenses Subtract despenses feel despenses Subtract despenses feel despenses Subtract despenses feel despenses Subtract despenses feel	bloyee benefits (Part IX, column (A), lines t IX, column (A), line 11e)	Beginning of the state of the s	231,72 48,385,72 126,187,77 -131,15 f Current Ye 22,549,20 15,825,18 6,724,02 es and state based on al	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200 ar End of Year 4 29,216,175 1 22,542,116 3 6,674,059 ments, and to the best of
Page Baseces Under Mer Page Baseces Find Baseces	b 17 18 19 20 21 22 rt III er pen nowled arer h	Total a Total a Total a Total a Total a Total I Net as Signa nalties of p edge and b has any kn ***** BRAD Type	es, other compensation, emposional fundraising fees (Part IX, column draising expenses (Part IX, column dexpenses (Part IX, column dexpenses Add lines 13–17 due less expenses Subtract desired for the second feet of the sec	Preparer's signature t IX, column (A), line 11e) t IX, column (A), line 11e) con (D), line 25) 3,499,205 (A), lines 11a-11d, 11f-24e) (must equal Part IX, column (A), line 25) line 18 from line 12 e examined this return, including accompant complete Declaration of preparer (other the complete Declaration of preparer (other the complete Declaration of preparer)	Beginning of the dule nan officer) is	231,72 48,385,72 126,187,77 -131,15 1 Current Ye 22,549,20 15,825,18 6,724,02 15,825,18 16,724,02 15,825,18 16,724,02	2 54,122,671 5 334,977 4 45,800,281 6 120,658,812 7 40,200 ar End of Year 4 29,216,175 1 22,542,116 3 6,674,059 ments, and to the best of
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MCLEAN, VA 22102

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

Total program service expenses ►

(Expenses \$

4d

Other program services (Describe in Schedule O)

106,770,056

) (Revenue \$

2,133,000 including grants of \$

Form 990 (2015)

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

Par	t 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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
С	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		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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?	38	Yes	

	990 (2015)				Page		
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this P				.[~		
				Yes	No		
	· · · · · · · · · · · · · · · · · · ·	1a 44					
		1b 0					
	Did the organization comply with backup withholding rules for reportable payments to 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 170					
b	If at least one is reported on line 2a, did the organization file all required federal emplo		2b	Yes			
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (
	Did the organization have unrelated business gross income of \$1,000 or more during		3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation At any time during the calendar year, did the organization have an interest in, or a sign		3b				
-ru	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b	If "Yes," enter the name of the foreign country ►	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the tax year?	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited ta	x shelter transaction?	5b		No		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		F				
6a	Does the organization have annual gross receipts that are normally greater than \$100 organization solicit any contributions that were not tax deductible as charitable contri		5c 6a	Yes			
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?		6b		No		
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?		7a	Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services pro		7b	Yes			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property file Form 8282?	y for which it was required to	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 pe	rsonal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	al benefit contract?	7f		No		
g	If the organization received a contribution of qualified intellectual property, did the organization		7g				
h	required?	dıd the organızatıon file a	79 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess busi						
	during the year?		8				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or relat	ed person?	9b				
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 1	LOa					
		LOb					
	facilities						
	Section 501(c)(12) organizations. Enter	. 1					
	Gross income from other sources (Do not net amounts due or paid to other sources	11a 11b					
12-		I	10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 if "Yes," enter the amount of tax-exempt interest received or accrued during the	ii iieu oi Form 1041/	12a				
	year	1.2b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	te. See the instructions for	13a				
b	Enter the amount of reserves the organization is required to maintain by the states	13ь					
c		13c					
14a	Did the organization receive any payments for indoor tanning services during the tax γ	year?	14a		Νo		
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	on ın Schedule O	14b				

orm 990 (2015)		Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 1 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	1a	11					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10					
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness	relationship with any	2		No		
3								
4	Did the organization make any significant changes to its governing documents since filed?	rıor Form 990 was	4		No			
5	Did the organization become aware during the year of a significant diversion of the o	rganız	atıon's assets? .	5	Yes			
6	Did the organization have members or stockholders?			6		Νo		
7a	Did the organization have members, stockholders, or other persons who had the powering more members of the governing body?			7a		No		
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	al by) r	nembers, stockholders,	7b		No		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ions ur	ndertaken during the					
а	The governing body?			8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No		
Se		.a Cad	- \					
	ection B. Policies (This Section B requests information about policies not	rcyui	rea by the Internal R	eveni	ie coa	e.)		
	Tequests milentation about poincies not	rcyui	rea by the Internal R	eveni	Yes	(e.) No		
	Did the organization have local chapters, branches, or affiliates?	· ·	rea by the Internal R	10a				
L0a			s of such chapters,	F		No		
LOa b	Did the organization have local chapters, branches, or affiliates?	tivitie:	of such chapters, xempt purposes?	10a 10b		No		
LOa b L1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization at the organization provided a complete copy of this Form 990 to all members of the organization provided accomplete copy of the pr	tivitie: ion's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No		
LOa b L1a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No		
LOa b L1a b L2a	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 	10a 10b	Yes	No		
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 90 rests that could give	10a 10b 11a	Yes Yes	No		
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of in the form?	tivitie ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 90 rests that could give	10a 10b 11a 12a 12b	Yes Yes Yes	No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of the form? Describe in Schedule O the process, if any, used by the organization to review this IDID the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 90 rests that could give	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Illy inte . n the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Illy inte . n the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Illy inte . n the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Illy inte . n the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Ily inte n the p riew an ne deli	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No		
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte n the p riew an ne deli or sim nization e step	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No		

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

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

- 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)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►DANIEL WARCO 1140 CONNECTICUT AVE NW SUITE 200 WASHINGTON, DC 20036 (202) 448-8462

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

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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) A verage hours per week (list any hours	more t perso	tion (han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 11100,	MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	(C) Position (do not check ore than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation compensation from the organization (W-2/1099-MISC) 2/1099								(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-	MISC)	2,1099-1413C)	related organizations
See	Additional Data Table						<u> </u>					
1b c d	Sub-Total		ection A	٠.			. •		4,414	366	0	374,812
	Total (add lines 1b and 1c). Total number of individuals (in	cludina but not	limited	to the	se l	ıste	d abov	e) w			-	374,012
	\$100,000 of reportable compe											
3	Did the organization list any f on line 1a? <i>If "Yes," complete S</i>					key •		yee,	, or highest	compen		Yes No
4	For any individual listed on line organization and related organ individual										uch	4 Yes
5	Did any person listed on line 1 services rendered to the organ									inization • •		5 No
S	ection B. Independent Co	ntractors										
1	Complete this table for your five compensation from the organization											
	N	(A) ame and business	address							Des	(B) cription of services	(C) Compensation
2300	GEORGE WASHINGTON UNIVERSITY, EYE STREET NW								F	ROGRAM	SRV SUPPORT	454,546
BLUE 406	HINGTON, DC 20037 STATE DIGITAL, 7TH STREET NW HINGTON, DC 20004								F	PROF FUNI	DRAISER	166,200
INST 1903	ITUTE FOR COLLABORATIVE DEVELOP, GOUGH STREET								F	ROGRAM	SRV SUPPORT	1,385,083
KHUI 26 7 PARK	IMORE, MD 21231 LISA MANAGEMENT SERVICES INC, TH AVENUE TOWN NORTH 2193, 0								F	ROGRAM	SRV SUPPORT	200,000
5 HA	OVATIVE PHILANTHROPY, NOVER SQUARE SUITE 1801 YORK, NY 10004								F	ROGRAM	SRV SUPPORT	156,250

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 ► 12

Part V	/ 🛊 🛊 1	Statement o						_
		Check if Schedu	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- 48	1a	Federated camp	paigns 1a					312-314
nts Ints	ь	Membership du						-
ons, Gifts, Grants Similar Amounts		·	ents 1c	504,220				
S. A.		-						
Giffs, iilar A	d	Related organiz						
ıs,	e	Government grants	s (contributions) 1e	102,240,991				
÷ S	f	All other contribution	ons, gifts, grants, and 1f	18,106,733				
Contributions, and Other Sim	g	Noncash contribution	ons included in lines	77,517				
E E		1a-1f \$			120 051 044			
<u>ح د</u>	h	Total. Add lines	sla-lf	· · · · •	120,851,944			
e				Business Code				
ечеп	2a							
<u>æ</u>	b							
Program Serwce Revenue	C .							
Ř	d							
ran	e f	Δ II other progra	IM SARVICA POVORUS					
ľoď	'		ım service revenue					
	g		s 2a – 2f		0			
	3		ome (including dividend ar amounts)		61,034			61,034
	4		tment of tax-exempt bond	-	0			
	5	Royalties		🔸	5,789			5,789
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income	0	0				
	d	or (loss) Net rental incor	l me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,001,640					
	ь	Less cost or						
		other basis and sales expenses	1,003,291					
	С	Gain or (loss)	-1,651		4 654			4.654
	d o-	Net gain or (los	1		-1,651			-1,651
Other Revenue	Od	Ψ	luding ,220 reported on line 1c)					
hei e			а	9,125				
ŏ			penses b	227,229	-218,104			-218,104
				events 🛌	-218,104			-218,104
	ь	Lace direct on	penses b					
			loss) from gaming activ	vities ⊫	0			
		Gross sales of returns and allo	inventory, less owances .	-				
	 L	loos seek (a h					
		Less cost of go	oods sold b [loss) from sales of inve	entory 🛌	0			
	Ť	Miscellaneous		Business Code				
	11a							
	b		_					
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions		120,699,012			-152,932
	J				120,000,012			1 102,002

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 (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2,053,550 2,053,550 2 Grants and other assistance to domestic individuals See Part IV, line 22 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 18,347,333 18,347,333 Benefits paid to or for members Compensation of current officers, directors, trustees, and 4,739,170 3,295,846 key employees . . . 1,043,195 400.129 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 41,287,910 35,211,856 4,540,428 1,535,626 Other salaries and wages . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,376,789 2,046,929 239,562 90,298 Other employee benefits 4,020,296 3,321,279 525,092 173,925 10 1,698,506 1,216,959 365,533 116,014 11 Fees for services (non-employees) Management 288,087 279,706 8,149 232 Accounting 141,522 38,822 102,700 0 Lobbying Professional fundraising services See Part IV, line 17 334,977 334,977 Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) 6,639,731 5,919,058 563,205 157,468 amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 12,350 10,603 1,747 13 Office expenses 6,242,113 4,803,881 1,274,514 163,718 1,784,658 14 1,623,842 160,391 Information technology 425 15 Royalties . 16 3,608,502 2,868,595 576,229 163,678 17 7,672,028 6,932,801 530,845 208,382 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7.418.873 7,335,604 70,981 12,288 20 0 0 21 Payments to affiliates Depreciation, depletion, and amortization 94,065 22 67,617 26,448 23 494,803 120,450 645,684 30.431 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) OTHER PROGRAM SERVICES 6,374,785 6,374,785 EOUIPMENT 408.816 392,671 16.106 39 REPAIRS AND MAINTENANCE 1,160,065 1,025,554 133,636 875 d REIMBURSIBLE SUB-CONTRACTS 1,067,217 1,067,217 e All other expenses 2,241,785 2,040,745 92,087 108,953 Total functional expenses. Add lines 1 through 24e 25 120,658,812 106,770,056 10,389,551 3,499,205 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)

Form 990 (2015)

Part X Balance Sheet

Cash-non-interest-bearing Segunary of year				Balance Sheet Check if Schedule O contains a response or note to any line in this Part X	rt X						
1 Cash-non-interest-bearing 9,283,232 1 2 Savings and temporary cash investments 1,108,425 2 3 Piedges and grants receivable, net 3,344,895 3 4 Accounts receivable, net 3,344,895 3 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 0 5 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 0 6 6 7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 0 8 9 Prepaid expenses and deferred charges 3,514,081 9 10a Land, buildings, and equipment cost or other basis 2,296,202 11 10 1,395,720 310,256 10 1,395,720 310,256 10 1,395,720 310,256 10 1,395,720 10 1,395,720 10 1,395,720 10 1,395,720 10 1,395,720 10 1,395,720 10 1,395,720 1,39	(B) End of year										
2 Savings and temporary cash investments	6.670.703	+		Cash-non-interest-hearing	1						
3 Pledges and grants receivable, net	1,468,569			_							
4 Accounts receivable, net 2,183,153 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of 6 7 Notes and loans receivable, net	11,698,269			 							
Stockedule L	3,815,069	-		 							
key employees, and highest compensated employees. Complete Part II of Schedule L 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 employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net	0,010,000		2, 100, 100								
Complete Part VI of Schedule D 10a				key employees, and highest compensated employees Complete Part II of							
8	0			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	6	əts					
8	0				1_	Ass					
9 Prepaid expenses and deferred charges	0										
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation	0 001 010			-							
Complete Part VI of Schedule D 10a 1,727,800 b Less accumulated depreciation 10b 1,395,720 310,256 10c 11	3,004,012	9	3,514,081	in the second of							
11 Investments—publicly traded securities					10a						
12 Investments—other securities See Part IV, line 11	332,080	10c	310,256	Less accumulated depreciation 10b 1,395,720	b						
13	2,227,473	11	2,295,202	Investments—publicly traded securities							
14 Intangible assets	0	12	0	Investments—other securities See Part IV, line 11							
15 Other assets See Part IV, line 11	0	13	0								
16 Total assets.Add lines 1 through 15 (must equal line 34)	0	14	0	Intangible assets	14						
17 Accounts payable and accrued expenses	0	15	0	Other assets See Part IV, line 11	15						
18 Grants payable	29,216,175	16	22,549,204	Total assets.Add lines 1 through 15 (must equal line 34)	16						
19 Deferred revenue	8,217,435	17	7,935,930	Accounts payable and accrued expenses	17						
Tax-exempt bond liabilities	1,801,654	18	1,582,879	Grants payable	18						
21 Escrow or custodial account liability Complete Part IV of Schedule D	10,741,969	19	4,701,798	Deferred revenue	19						
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	20	0	Tax-exempt bond liabilities	20						
24 Unsecured notes and loans payable to unrelated third parties	0	21	0	Escrow or custodial account liability Complete Part IV of Schedule D	21	_					
24 Unsecured notes and loans payable to unrelated third parties					22	ities					
24 Unsecured notes and loans payable to unrelated third parties	0	22	0	persons Complete Part II of Schedule L		虿					
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,604,574 25 Total liabilities. Add lines 17 through 25	0	23	0	Secured mortgages and notes payable to unrelated third parties	23	Ē					
and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	24	0	Unsecured notes and loans payable to unrelated third parties	24	_					
26 Total liabilities. Add lines 17 through 25				and other liabilities not included on lines 17-24)	25						
Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	1,781,058	25	1,604,574	·							
	22,542,116	26	15,825,181	Total liabilities.Add lines 17 through 25	26						
27 Unrestricted net assets				- , , , , , , , , , , , , , , , , , , ,		ě					
28 Temporarily restricted net assets	5,858,345	27	6,229,082	- ·	27	S.					
	737,868	28	416,600	 	28	<u> </u>					
29 Permanently restricted net assets	77,846		78,341	·		Ē					
29 Permanently restricted net assets				·		nn-					
complete lines 30 through 34.						<u>-</u>					
		30		Capital stock or trust principal, or current funds	30						
30 Capital stock or trust principal, or current funds		31		Paid-in or capital surplus, or land, building or equipment fund	31	Şet					
		32		Retained earnings, endowment, accumulated income, or other funds	32						
33 Total net assets or fund balances	6,674,059	33	6,724,023	Total net assets or fund balances	33	<u>픃</u>					
34 Total liabilities and net assets/fund balances	29,216,175	34	22,549,204	Total liabilities and net assets/fund balances	34	~					

	330 (2013)			г	aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	eneek it believate a contains a response of note to any line in this fair XI I I I I I I	· · ·	-		•,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		120,6	99,012
2	Total expenses (must equal Part IX, column (A), line 25)	2		120,6	58,812
3	Revenue less expenses Subtract line 2 from line 1	3			40,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		6,7	24,023
5	Net unrealized gains (losses) on investments	5		-	90,164
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,6	74,059
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID: Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	including grants of \$) (Revenue \$)	
The foundation's other program services					
(Code) (Expenses \$	including grants of \$) (Revenue \$)	
include the Foundat	tion's communications,				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2,133,000 including grants of \$) (Revenue \$) education, and outreach efforts

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

Compensated Employees, and Inde	ependent Co	ntracto	rs			, -	,	1		
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee		Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Paul Glaser	0 5									
Honorary Chairman of the Board	0 0	X						0	0	0
Russ Hagey	0 5	х						0	0	0
Chairman of the Board	0 0	_ ^						0	0	0
Stuart Pape	0 5	×						0	0	0
Board Member	0.0									
George Wellde	0 5	x						0	0	0
Board Member	0 0									
Omar Abdı Board Member	·	x						0	0	О
Kathleen Cravero-Kristoffersson	0 0									
Board Member	0 0	х						0	0	0
Susie Zeegen	0 5									
Board Member	0 0	X						0	0	0
Senator Christopher Dodd	0 5	V						0	0	0
Board Member	0 0	Х						U	U	0
Justin Smith	0 5	x						0	0	0
Board Member	0 0							Ů		
Nigel Barker	0 5	x						0	0	0
Board Member	0 0									
Sara Steffens		x						0	0	0
Board Member	0 0 40 0									
Lyons II Charles J President and CEO		х		Х				486,120	0	79,320
Kiley Bradley J	40 0									
Chief Operating Officer	0 0			Х				290,020	0	23,871
Devine-Karlın Patrıcıa	40 0			<u>,</u>				275 244		24.560
EVP, External Affairs and Busi	0 0			Х				276,211	0	24,560
Giphart Adriaantje EVP, Medical and Scientific Af	40 0			x				260,392	0	25,261
Alterescu Xavier	40 0				Х			274,925	0	18,719
Country Director, Mozambique	0 0							27.17323		15,713
Ward-Dahl Tamara L	40 0				×			230,711	0	22,480
VP, Admin and Human Resources	0 0 40 0									
Lee Stephen VP, Program Implementation and					х			233,170	0	18,528
Homer Douglas	0 0 40 0									
VP, Awards, Compliance & Inter	0 0				Х			214,916	0	21,986
Tiam Appolinaire	40 0									
Country Director, Lesotho	0 0				X			214,369	0	13,673
Van't Pad Bosch Jeroen	40 0				Х			209,093	0	14,748
Country Director, Tanzania	0 0							209,093		17,740
Buono Nicole	40 0				х			197,254	0	24,212
Country Director, Malawi	0 0									
Mathis Jill VP, New Business Development					х			198,618	0	16,032
Mahomva Agnes	0 0 40 0		\vdash							
Country Director, Zimbabwe	0 0				х			223,519	0	18,388
Van de Ven Roland	40 0									
Techncal Director, Tanzania	0 0					×		237,439	0	12,916
	_	-	-							

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
Hove Innocent Provincial Clinical Advisor	40 0					х		223,786	0	9,558	
Antelman Gretchen Technical Advisor, Public Heal	40 0					х		221,646	0	6,800	
Cellettı Francesca VP, Innovation and New Technol	40 0					х		218,898	0	5,632	
Ndagije Felix Director of Programs, Lesotho	40 0					х		203,279	0	18,128	

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As Filed Data -

DLN: 93493225006036

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		he organization LASER PEDIATRIC AIDS FOUN	JOATTON				Employer identifica	ntion number
ЕЦΖА	SEIH G	LASER PEDIATRIC AIDS FOOT	NDATION				95-4191698	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this r		ons.
		zation is not a private fo		<u> </u>			•	
1	, ga	A church, convention			= -			
2	<u>'</u>	A school described in	-			-		
3	<u>'</u>	A hospital or a cooper						
4	<u>'</u>	A medical research or)
4	1	hospital's name, city,		erated in conjunction v	vitii a nospitai d	iescribed in se	CCION 170(D)(1)(A)(III). Enter the
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit d	lescribed in section
6	Γ	A federal, state, or loc			described in se	ection 170(b)(1	L)(A)(v).	
7	굣	An organization that n described in section 1				om a governme	ental unit or from the g	eneral public
8	\sqcap	A community trust de	scribed in sect	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Γ	receipts from activition from gross investmen	es related to it it income and	ves (1) more than 33 is exempt functions—sunrelated business tailesection 509(a)(2).	subject to certa xable income (l	in exceptions, ess section 51	and (2) no more than :	331/3% of its suppor
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety Šee sectio i	n 509(a)(4).	
11	Γ	An organization organ	ized and opera	ated exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
		one or more publicly s			• •	, , ,		
	_	the box in lines 11a th	-	7 •		-	•	
а	ı	Type I. A supporting of supported organization						
		organization You mus			-	cy of the direct	ors or crustees or the	supporting
b	\sqcap	Type II. A supporting	•	-		with its suppo	rted organization(s), b	y having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
	_	must complete Part I					16 1 11 1	
С	ı	Type III functionally supported organization						grated with, its
d	Г	Type III non-function						anization(s) that is
	,	not functionally integr						
	_	(see instructions) Yo						
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally
£	Ento	integrated, or Type III				n		
f	Ente	r the number of support	-				· · · · · · · —	
g		Provide the following i	illorillation and	out the supported orga	iiiizatioii(S)			
		(i)	(::)ETN	(;;;)	(iv)		(11)	(vii)
Nan	ne of s	(i) supported organization	(ii)EIN	(iii) Type of	(iv) Is the organ		(v) A mount of	(vi) A mount of other
		supported organization		organization	listed in your		monetary support	support (see
(described on lines document?					(see instructions)	ınstructions)		
	1-9 above (see							
				ınstructions))				
					Yes	No		
 Tot a	<u> </u>							

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 **(c)**2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 162,466,052 122,027,629 119,915,832 126,578,039 120,851,944 651,839,496 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 0 governmental unit to the organization without charge 162,466,052 122,027,629 119,915,832 126,578,039 120,851,944 651,839,496 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit 0 or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 651,839,496 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 162,466,052 122,027,629 119,915,832 126,578,039 120,851,944 651,839,496 Gross income from interest, dividends, payments received 67,530 60,548 90,052 91,767 66,823 376,720 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part VI) 11 Total support. Add lines 7 652,216,216 through 10 Gross receipts from related activities, etc (see instructions) 12 221,600 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 99 942 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 96 434 % 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 **▶**▽ 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 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
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.	3b		
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.	3с		
4 a	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.	4a		ı
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	4b		
c	by or in connection with its supported organizations. 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.	4 c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
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 .	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
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 .	9c		
0a	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.	10a		
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).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
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.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? 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.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	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)? 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).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	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? 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.	2a		
Ŀ	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? 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.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	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.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
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			
 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 31 and 4c			
8 Breakdown of line 7			
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	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493225006036

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 95-4191698 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

reporting section 4911 tax for this year?

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

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

B Check ► If the filing organization checked box A and "limited control" provisions apply

		ying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	3,228		
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)	68,706	
С	Total lobbying expenditures (add lines 1a and 1	b)	71,934	
d	Other exempt purpose expenditures		120,706,359	
e	Total exempt purpose expenditures (add lines	120,778,293		
f	Lobbying nontaxable amount Enter the amount		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, en			
i	Subtract line 1f from line 1c If zero or less, ent			
j	If there is an amount other than zero on either l	<u> </u>		

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

┌ Yes ┌No

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 43,196 51,345 58,242 71,934 Total lobbying expenditures 224,717 250,000 250,000 250,000 250,000 Grassroots nontaxable amount 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures 2,756 1,280 3,228 11,346

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ			1 0	ige S
<i></i>		(a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No		4 moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					71,93
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Return Reference

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

Explanation

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

DLN: 93493225006036

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Attach to Form 990.

Open to Public

me of the organization ZABETH GLASER PEDIATRIC AIDS FOUNDATION	(FOIII 990) and its instructions is at <u>www.ii</u>	Employer identification	nspection on number
		95-4191698	
	nor Advised Funds or Other Similar F ered "Yes" on Form 990, Part IV, line 6.	unds or Accounts.	
	(a) Donor advised funds	(b) Funds and other a	accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year	-)		
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?		Yes No
	rs, and donor advisors in writing that grant fund he benefit of the donor or donor advisor, or for a	any other purpose	Yes No
t III Conservation Easements. Com	plete if the organization answered "Yes"	on Form 990, Part IV,	lıne 7.
	creation or education)	n historically important la certified historic structur the form of a conservation	e
easement on the last day of the tax year		Held at the Fr	nd of the Year
Total number of conservation easements		2a	id of the real
Total acreage restricted by conservation ease	ements	2b	
Number of conservation easements on a certif		2c	
Number of conservation easements included in historic structure listed in the National Regist		2d	
Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or terminat	ed by the organization dur	ring the
Number of states where property subject to co	onservation easement is located 🕨		
	garding the periodic monitoring, inspection, hai	ndling of Yes	┌ No
Staff and volunteer hours devoted to monitoring year	ng, inspecting, handling of violations, and enforc	cing conservation easeme	nts during the
<u> </u>			
A mount of expenses incurred in monitoring, in	specting, handling of violations, and enforcing	conservation easements d	luring the yea
- \$			
(B)(ı) and section $170(h)(4)(B)(II)$?	n line 2(d) above satisfy the requirements of se	☐ Yes	┌ No
	ports conservation easements in its revenue ar ext of the footnote to the organization's financia easements		
Organizations Maintaining Coll Complete if the organization answ	lections of Art, Historical Treasures, ered "Yes" on Form 990, Part IV, line 8.	or Other Similar As	sets.
If the organization elected, as permitted under works of art, historical treasures, or other simi	·	, or research ın furtheranc	
	r SFAS 116 (ASC 958), to report in its revenue ilar assets held for public exhibition, education g to these items		
Revenue included on Form 990, Part VIII, lir	ne 1	► \$	
Assets included in Form 990, Part X		<u></u>	_
If the organization received or held works of an	rt, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these items		the
Revenue included on Form 990. Part VIII. line	a 1	b ¢	

b Assets included in Form 990, Part X

	t III Organizations Mainta (continued)	ining Collections	of Art, I	Histori	cal [·]	Treasu	res, or C	Other Similar	Ass	ets	
3	Using the organization's acquisition collection items (check all that ap		er records	, check a	any o	f the follo	wing that	are a significant	use of	its	
а	Public exhibition	. , .		d $ extstyle ex$	Loa	n or exch	ange prog	rams			
b	Scholarly research			е Г	Oth	er					
С	Preservation for future genera	ations									
4	Provide a description of the organ	ızatıon's collectıons ar	nd explain	how the	y furt	her the o	rganızatıor	n's exempt purpo	se in		
_	Part XIII	an adjust as second	t	fart bia	.	. +		v a . m . l a v			
5	During the year, did the organizati assets to be sold to raise funds ra								es	┌ No	
Par	rt IV Escrow and Custodia Complete if the organiz Part X, line 21.		s" on For	m 990,	Part	: IV, lıne	9, or re	ported an amo	unt o	n Forn	n 990,
1a	Is the organization an agent, trust included on Form 990, Part X?	ee, custodian or other	ıntermedı	ary for c	ontrıl	outions o	r other ass	sets not	es	┌ No	
b	If "Yes," explain the arrangeme	ent in Part XIII and coi	mplete the	followin	g tab	le			moun	it	
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an an	nount on Form 990, Pa	ırt X, lıne 2	1, for es	scrow	orcusto	dıal accou	nt liability? Γ Y	es	┌ No	
h											_
Da	If "Yes," explain the arrangement If "Yes," explain the arrangement If "Yes," explain the arrangement									<u> </u>	<u>'</u>
Ра	endowment runds.	(a)Current yea)Prior yea				(d)Three years bac)Four ve	ars back
	Beginning of year balance		,341		0,542		84,479	89,0		<u>, , . </u>	91,199
b	Contributions							-4,5	13		-2,177
c	Net investment earnings, gains, a losses	nd	-495	-;	2,201		-3,937	1,2	71		3,145
d	Grants or scholarships										
e	Other expenditures for facilities and programs							1,2	71		3,145
f	Administrative expenses								+		
g	End of year balance	77	,846	7	8,341		80,542	84,4	79		89,022
2	Provide the estimated percentage	of the current year en	d balance	(line 1g	, colu	mn (a)) h	eld as				
а	Board designated or quasi-endowi	ment ►									
b	Permanent endowment 🛌 100 C	000 %									
С	Temporarily restricted endowmen		0.0.0/-								
За	The percentages on lines 2a, 2b, Are there endowment funds not in			on that :	aro ho	dd and a	dministoro	d for the			
Ju	organization by	the possession of the	organizati	on that t	110 110	ia ana at	3111111136616	_		Yes	No
	(i) unrelated organizations				•				3a(i)		No
	(ii) related organizations							Ļ	3a(ii)	<u> </u>	No
ь 4	If "Yes" on 3a(II), are the related of Describe In Part XIII the Intended	=							3b		
	rt VI Land, Buildings, and										
	Complete if the organiz	ation answered 'Yes	s' to Form	1 990, F	Part :	[V, line					
	Description of propert	у		Cost or	(a) other estmer		(b) st or other ba (other)	Accumulat asıs (c) depreciati		(d) Boo	k value
1a	Land										
	Buildings										
С	Leasehold improvements						263,1	- 	3,193		
	Equipment						528,8		7,040		211,797
	Other			olumn (f	2) //	10(c)	935,7		5,487		120,283
100	ai. Add files ta tillough te (Column	(u) must equal Form 99	o, rail X, C	orunna (E	y, iine	= 10(C).)			le D (Form O	332,080 90) 2015

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organi	zation answered 'Ye	es' on Form 99	90, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
(1)Financial derivatives				, ,
(2)Closely-held equity interests (3)Other				
(0,0 3.10.)				
	*			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.				
Complete if the organization answered "	Yes' on Form 990,	Part IV, line 11c. _S		
(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990 Part IV line	11d See Form 9	90 Part X line 15
(a) Descrip				b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. Complete if the organ				.1e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value			
The state of the s	(S) DON Funde	\dashv		
Federal income taxes		0		
DEFERRED RENT	1,781,0	58		
		7		
		\dashv		
		_		
		\dashv		
		_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,781,0	58		
2. Liability for uncertain tax positions. In Part XIII. provide	the text of the foots	ote to the organization	's financial stat	aments that reports the

			r age •
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	120,836,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -90,164		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-90,164
3	Subtract line 2e from line 1	3	120,926,241
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	-227,229
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	120,699,012
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per R	eturn.
1	Total expenses and losses per audited financial statements	1	120,886,041
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	227,229
3	Subtract line 2e from line 1	3	120,658,812
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	120,658,812

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
SCH D, PART V	THE FOUNDATION INTENDS TO USE EARNINGS FROM ITS ENDOWMENT FUNDS TO FURTHER DELIVER ITS PROGRAMMATIC SERVICES
SCH D, PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CORRESPONDING STATE REVENUE AND TAXATION STATUTES, EXCEPT FOR ANY FEDERAL INCOME THAT MAY BE A RESULT OF UNRELATED BUSINESS TRANSACTIONS ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012
SCH D, PART XI, LINE 4B	SPECIAL EVENT EXPENSES -227,229
SCH D, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 227,229

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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As Filed Data -

DLN: 93493225006036

OMB No 1545-0047

2015

Open to Public

Inspection

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

	5		
I I Z A B F T H	GLASER PEDIA	TRIC AIDS	FOUNDATIO
	OLMOLINI LDIM		

Employer identification number

95-4191698

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

Yes □ No

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	14	1,217			96,842,344
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	14	1,217			96,842,344
For Paparwork Poduction Act Notice con	the Instructions	for Form 000	Cat	No. 50082W School	ula E /Form 000\ 201E

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	(a) Dames						
	section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount 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

251

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	<u>duplicated if addit</u>	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)		+ + +			1		1
(3)		+	·		'		
(4)		+ +			+		1
(5)		+ +			†		
(6)		+			†		1
(7)		+ + +			†		1
(8)		+ +			<u> </u>		
(9)		+ +					
(10)		+	·		<u> </u>		<u> </u>
(11)		+ + +			1		
(12)		+ + +					
(13)		+	·		<u>'</u>		'
(14)		+ + +			1		
(15)		+ + +			1		
(16)		1			1		
(17)					1		
(18)					1		

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)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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)	Г	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)	Γ	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> ~</u>	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)	Γ	Yes	⊽	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	√	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

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).

Return Reference	Explanation
SCH F, PART I, LINE 1	THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE MONITORING AND SUPPORT OF ITS GRANTEES OVERSEAS A PRE-AWARD ASSESSMENT OF THE GRANTEE DETERMINES AN INITIAL RISK L EVEL FOR FINANCIAL/ADMINISTRATIVE PERFORMANCE BASED ON THE INITIAL RISK LEVEL AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF CAPACITY BUILDING NEEDED MONITORING AND SUPPORT ARE CONDUCTED BY BOTH TECHNICAL STAFF AND OPERATIONS STAFF TECHNICAL STAFF MONITOR AND HELP IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS OPERATIONS STAFF SUCH AS AWARDS AND COMPLIANCE AND FINANCE STAFF REVIEW GRANTEES FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION ARE ALLOWABLE, ALLOCABLE, AND REASONABLE IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN

Return Reference	Explanation
SCH F, PART I, LINE 3, COLUMN E	PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE AND TREATMENT SERVIC ES TO CHILDREN AND FAMILIES AFFLICTED WITH HIV/ AIDS AS WELL AS MONITORING OF THE USE OF A LL GRANT FUNDS SENT TO FOREIGN ORGANIZATIONS

Return Reference	Explanation
SCH F, PART II, COLUMN D	TO FURTHER PMTCT AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES

Return Reference	Explanation
SCH F, PART II, COLUMN H	MEDICAL SUPPLIES AND/OR MEDICAL EQUIPMENT

Additional Data

Software ID: Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	13	1,213	Program Services	SEE PART V	76,022,160
Europe (Including Iceland and Greenland)	1	4	Program Services	SEE PART V	831,896
North America			Program Services	SEE PART V	221,555

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	SEE PART V	891,030
South Asia			Program Services	SEE PART V	12,800
Sub-Saharan Africa			Fundraising		485,525

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Fundraising		26,388
North America			Fundraising		3,657
Sub-Saharan Africa			Grantmakıng		18,228,932

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ies Outside Th</u>	ne United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Grantmakıng		82,490
Russia and the Newly Independent States			Grantmakıng		25,911
North America			Grantmaking		10,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	96,902	WIRE					
		Sub-Saharan Africa	See Part V	75,635	WIRE					
		Sub-Saharan Afrıca	See Part V	109,795	WIRE	1				
		Sub-Saharan Africa	See Part V	705,278	WIRE	1				
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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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	109,532	WIRE					
		Sub-Saharan Afrıca	See Part V	24,219	WIRE					
		Sub-Saharan Afrıca	See Part V	60,099	WIRE					
		Sub-Saharan Africa	See Part V	402,791	WIRE					
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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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Afrıca	See Part V	17,976	WIRE					
		Sub-Saharan Afrıca	See Part V	15,243	WIRE					
		Sub-Saharan Africa	See Part V	10,001	WIRE					
		Sub-Saharan Africa	See Part V	63,114	WIRE					

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States	_	_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	94,756	WIRE	10,714	See Part V	COST
		Sub-Saharan Africa	See Part V	130,870	WIRE	10,714	See Part V	COST
		Sub-Saharan Africa	See Part V	39,490	WIRE			
		Sub-Saharan Africa	See Part V	39,326	WIRE			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	17,065	WIRE				
		Sub-Saharan Afrıca	See Part V	27,033	WIRE	1			
		Sub-Saharan Afrıca	See Part V	23,701	WIRE	1			
		Sub-Saharan Africa	See Part V	409,578	WIRE	1			
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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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	135,809	WIRE				
		Sub-Saharan Afrıca	See Part V	22,427	WIRE				
		Sub-Saharan Afrıca	See Part V	14,901	WIRE				
		Sub-Saharan Africa	See Part V	27,500	WIRE				
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Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	121,744	WIRE			
		Sub-Saharan Africa	See Part V	28,157	WIRE			
		Sub-Saharan Africa	See Part V	63,755	WIRE			
		Sub-Saharan Africa	See Part V	15,133	WIRE			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	25,660	WIRE				
		Sub-Saharan Afrıca	See Part V	31,036	WIRE				
		Sub-Saharan Afrıca	See Part V	5,368	WIRE				
		Sub-Saharan Africa	See Part V	297,468	WIRE				
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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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	173,860	WIRE				
		Sub-Saharan Africa	See Part V	21,457	WIRE				
		Sub-Saharan Afrıca	See Part V	26,537	WIRE				
		Sub-Saharan Afrıca	See Part V	26,993	WIRE				
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Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	45,519	WIRE			
		Sub-Saharan Africa	See Part V	9,165	WIRE			
		Sub-Saharan Africa	See Part V	12,609	WIRE			
		Sub-Saharan Africa	See Part V	53,542	WIRE			

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)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	20,816	WIRE				
		Sub-Saharan Africa	See Part V	27,473	WIRE	1			
		Sub-Saharan Africa	See Part V	23,629	WIRE	1			
		Sub-Saharan Africa	See Part V	83,153	WIRE	1			
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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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	359,614	WIRE				
		Sub-Saharan Africa	See Part V	34,693	WIRE				
		Sub-Saharan Afrıca	See Part V	43,375	WIRE				
		Sub-Saharan Afrıca	See Part V	151,179	WIRE				
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Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
	Sub-Saharan Africa	See Part V	9,872	WIRE						
	Sub-Saharan Africa	See Part V	70,413	WIRE	1					
	Sub-Saharan Africa	See Part V	19,491	WIRE	10,714	See Part V	COST			
	Sub-Saharan Africa	See Part V	19,076	WIRE	1	<u> </u>				
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 19,491	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V To,413 WIRE Sub-Saharan Africa See Part V 19,491 WIRE	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 19,491 WIRE 10,714	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement Sub-Saharan Africa See Part V 9,872 WIRE Sub-Saharan Africa See Part V 70,413 WIRE Sub-Saharan Africa See Part V 19,491 WIRE 10,714 See Part V			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		Sub-Saharan Africa	See Part V	8,903	WIRE				
		Sub-Saharan Africa	See Part V	6,642	WIRE				
		Sub-Saharan Afrıca	See Part V	6,292	WIRE				
		Sub-Saharan Afrıca	See Part V	97,658	WIRE				
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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)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	9,461	WIRE					
		Sub-Saharan Africa	See Part V	39,446	WIRE	10,714	See Part V	COST		
		Sub-Saharan Africa	See Part V	5,045	WIRE					
		Sub-Saharan Africa	See Part V	6,511	WIRE	1				
		Sub-Saharan Africa	See Part V	6,511	WIRE					

Form 990 Schedi	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	32,012	WIRE						
		Sub-Saharan Africa	See Part V	15,714	WIRE						
		Sub-Saharan Afrıca	See Part V	17,168	WIRE						
		Sub-Saharan Africa	See Part V	18,451	WIRE						
		Sub-Saharan Africa	See Part V	18,451	WIRE	1	1				

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)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	65,797	WIRE					
		Sub-Saharan Africa	See Part V	6,656	WIRE					
		Sub-Saharan Africa	See Part V	50,188	WIRE					
		Sub-Saharan Africa	See Part V	39,286	WIRE					
		Sub-Saharan Africa	See Part V	39,286	WIRE					

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	10,379	WIRE					
		Sub-Saharan Africa	See Part V	18,133	WIRE					
		Sub-Saharan Afrıca	See Part V	49,122	WIRE	1				
		Sub-Saharan Africa	See Part V	55,456	WIRE	1				
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Form 990 Schedu	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	23,023	WIRE						
		Sub-Saharan Africa	See Part V	61,645	WIRE	1					
		Sub-Saharan Afrıca	See Part V	21,239	WIRE	1					
		Sub-Saharan Afrıca	See Part V	13,622	WIRE	1					
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, Form 990 Scheav	Form 990 Schedule F Part II - Grants or Entitles Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		Sub-Saharan Africa	See Part V	156,836	WIRE	10,714	See Part V	COST			
		Sub-Saharan Africa	See Part V	8,030	WIRE						
		Sub-Saharan Africa	See Part V	18,513	WIRE						
		Sub-Saharan Africa	See Part V	14,035	WIRE						
1											

Form 990 Schedu	ıle F Part II	- Grants or Entitie	s Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	412,422	WIRE			
		Sub-Saharan Africa	See Part V	58,214	WIRE			
		Sub-Saharan Africa	See Part V	342,350	WIRE			
		Sub-Saharan Africa	See Part V	16,745	WIRE	10,714	See Part V	COST

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States	_	_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	41,387	WIRE			
		Sub-Saharan Africa	See Part V	122,193	WIRE			
		Sub-Saharan Africa	See Part V	37,825	WIRE	1		
		Sub-Saharan Africa	See Part V	120,288	WIRE			

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	130,066	WIRE	21,428	See Part V	COST
		Sub-Saharan Africa	See Part V	34,842	WIRE			
		Sub-Saharan Africa	See Part V	65,868	WIRE	21,428	See Part V	COST
		Sub-Saharan Africa	See Part V	11,111	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
· ·	Sub-Saharan Africa	See Part V	21,170	WIRE						
/	Sub-Saharan Africa	See Part V	16,944	WIRE						
,	Sub-Saharan Afrıca	See Part V	12,342	WIRE	[
,	Sub-Saharan Afrıca	See Part V	11,642	WIRE	[
(b a) IRS code section and EIN(if pplicable)) IRS code section and EIN(if pplicable) Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa) IRS code section and EIN(if pplicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V) IRS code section and EIN(if pplicable) Sub-Saharan Africa See Part V (e) A mount of cash grant 21,170 Sub-Saharan Africa See Part V 16,944 Sub-Saharan Africa See Part V 12,342) IRS code section and EIN(if pplicable) Sub-Saharan Africa See Part V Sub-Saharan Africa Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V 16,944 WIRE Sub-Saharan Africa See Part V 12,342 WIRE) IRS code section and EIN(if pplicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (g) Amount of non-cash disbursement Sub-Saharan Africa See Part V 21,170 WIRE Sub-Saharan Africa See Part V 16,944 WIRE Sub-Saharan Africa See Part V 12,342 WIRE) IRS code section and EIN(If pplicable) (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 Sub-Saharan Africa See Part V 21,170 WIRE Sub-Saharan Africa See Part V 16,944 WIRE Sub-Saharan Africa See Part V 12,342 WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
	Sub-Saharan Africa	See Part V	41,161	WIRE						
	Sub-Saharan Africa	See Part V	25,881	WIRE						
	Sub-Saharan Africa	See Part V	30,320	WIRE	1					
	Sub-Saharan Africa	See Part V	169,458	WIRE	1					
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 41,161 Sub-Saharan Africa See Part V 25,881 Sub-Saharan Africa See Part V 30,320	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 30,320 WIRE	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 30,320 WIRE (g) Amount of non-cash disbursement (g) Amount of non-cash disbu	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa Sub-Saharan Africa See Part V Sub-Saharan Africa			

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)				
	Sub-Saharan Africa	See Part V	148,157	WIRE	62,070	See Part V	COST				
	Sub-Saharan Africa	See Part V	23,883	WIRE							
	Sub-Saharan Africa	See Part V	13,196	WIRE							
	Sub-Saharan Africa	See Part V	24,991	WIRE							
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 148,157	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 148,157 WIRE Sub-Saharan Africa See Part V 13,196 WIRE	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V 13,196 WIRE (g) Amount of non-cash disbursement (g) Amount of cash disbu	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement Sub-Saharan Africa See Part V 148,157 WIRE 62,070 See Part V Sub-Saharan Africa See Part V 13,196 WIRE				

Form 990 Schedu	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Afrıca	See Part V	54,339	WIRE						
		Sub-Saharan Afrıca	See Part V	7,243	WIRE						
		Sub-Saharan Afrıca	See Part V	223,411	WIRE						
		Sub-Saharan Afrıca	See Part V	282,326	WIRE						
								, , , , , , , , , , , , , , , , , , ,			

ie F Part II	- Grants or Entitie	es Outside The Un	ited States				
(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
i	Sub-Saharan Africa	See Part V	139,639	WIRE	42,856	See Part V	COST
i	Sub-Saharan Africa	See Part V	58,776	WIRE			
	Sub-Saharan Africa	See Part V	116,518	WIRE	10,714	See Part V	COST
· · · · · · · · · · · · · · · · · · ·	Sub-Saharan Africa	See Part V	53,041	WIRE	1		
ï	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	section and EIN(if applicable) Sub-Saharan Africa See Part V 139,639 Sub-Saharan Africa See Part V 116,518	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa	(b) IRS code section and EIN (if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa	(b) IRS code section and EIN (if applicable) Sub-Saharan Africa Sub-Saharan Africa

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	180,107	WIRE			
		Sub-Saharan Africa	See Part V	34,419	WIRE			
		Sub-Saharan Africa	See Part V	6,334	WIRE			
		Sub-Saharan Africa	See Part V	13,781	WIRE			

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	197,422	WIRE			
		Sub-Saharan Africa	See Part V	134,739	WIRE			
		Sub-Saharan Africa	See Part V	29,363	WIRE			
		Sub-Saharan Africa	See Part V	43,825	WIRE			

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	24,935	WIRE			
		Sub-Saharan Africa	See Part V	52,665	WIRE	1		
		Sub-Saharan Afrıca	See Part V	59,502	WIRE	1		
		Sub-Saharan Afrıca	See Part V	123,333	WIRE	1		
1				-	-	-	•	•

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	56,071	WIRE			
		Sub-Saharan Africa	See Part V	31,688	WIRE			
		Sub-Saharan Africa	See Part V	29,131	WIRE			
		Sub-Saharan Africa	See Part V	105,763	WIRE	21,428	See Part V	COST

Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Un	ited States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	13,970	WIRE			
		Sub-Saharan Africa	See Part V	959,291	WIRE			
		Sub-Saharan Afrıca	See Part V	12,134	WIRE	1		
		Sub-Saharan Afrıca	See Part V	18,078	WIRE	1		
1								•

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	23,131	WIRE			
		Sub-Saharan Afrıca	See Part V	20,307	WIRE			
		Sub-Saharan Africa	See Part V	262,240	WIRE			
		Sub-Saharan Africa	See Part V	81,141	WIRE	21,428	See Part V	COST

ription of (i) Method of valuation
cash (book, FMV, appraisal, other)
COST

Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Un	ited States	_	_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	58,462	WIRE			
		Sub-Saharan Africa	See Part V	26,601	WIRE			
		Sub-Saharan Afrıca	See Part V	22,441	WIRE	1		
		Sub-Saharan Afrıca	See Part V	29,489	WIRE	1		
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Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States		_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	89,275	WIRE			
		Sub-Saharan Africa	See Part V	11,686	WIRE			
		Sub-Saharan Africa	See Part V	26,413	WIRE	1		
		Sub-Saharan Africa	See Part V	13,052	WIRE			

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States	_			
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	139,801	WIRE	19,214	See Part V	COST
		Sub-Saharan Africa	See Part V	51,633	WIRE			
		Sub-Saharan Africa	See Part V	6,750	WIRE			
		Sub-Saharan Africa	See Part V	72,158	WIRE			

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	69,197	WIRE			
		Sub-Saharan Afrıca	See Part V	45,829	WIRE			
		Sub-Saharan Afrıca	See Part V	43,635	WIRE			
		Sub-Saharan Africa	See Part V	91,133	WIRE	10,714	See Part V	COST

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	24,193	WIRE					
		Sub-Saharan Africa	See Part V	117,248	WIRE					
		Sub-Saharan Afrıca	See Part V	11,506	WIRE	1				
		Sub-Saharan Afrıca	See Part V	25,911	WIRE	1				
1								•		

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	32,022	WIRE			
		Sub-Saharan Africa	See Part V	14,700	WIRE			
		Sub-Saharan Africa	See Part V	9,472	WIRE			
		Sub-Saharan Africa	See Part V	267,633	WIRE	21,428	See Part V	COST

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	43,018	WIRE					
		Sub-Saharan Africa	See Part V	14,051	WIRE					
		Sub-Saharan Afrıca	See Part V	41,867	WIRE					
		Sub-Saharan Afrıca	See Part V	42,801	WIRE					
		Sub-Saharan Africa	See Part V	42,801	WIRE	1				

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	39,613	WIRE					
		Sub-Saharan Africa	See Part V	150,000	WIRE					
		Sub-Saharan Afrıca	See Part V	178,890	WIRE					
		Sub-Saharan Afrıca	See Part V	25,000	WIRE					
1								•		

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	57,033	WIRE					
		Sub-Saharan Africa	See Part V	585,431	WIRE					
		Sub-Saharan Afrıca	See Part V	50,610	WIRE	1				
		Sub-Saharan Afrıca	See Part V	6,644	WIRE	1				
1								,		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
1	Sub-Saharan Africa	See Part V	260,944	WIRE						
1	Sub-Saharan Africa	See Part V	87,822	WIRE	68,227	See Part V	COST			
1	Sub-Saharan Africa	See Part V	106,593	WIRE	32,142	See Part V	COST			
1	Sub-Saharan Africa	See Part V	42,599	WIRE	[
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa See Part V 87,822 Sub-Saharan Africa See Part V 106,593	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa See Part V Sub-Saharan Africa	(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 Sub-Saharan Africa See Part V 260,944 WIRE Sub-Saharan Africa See Part V 87,822 WIRE 68,227 Sub-Saharan Africa See Part V 106,593 WIRE 32,142	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa			

ie i Part II	- Grants or Entitie	as outside the or	ited States	_	_		
(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Sub-Saharan Africa	See Part V	13,007	WIRE			
	Sub-Saharan Africa	See Part V	28,333	WIRE			
	Sub-Saharan Africa	See Part V	103,996	WIRE	10,714	See Part V	COST
	Sub-Saharan Africa	See Part V	41,859	WIRE	1		
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	section and EIN(if applicable) Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 13,007 WIRE Sub-Saharan Africa See Part V 103,996 WIRE	(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 Sub-Saharan Africa See Part V 13,007 WIRE Sub-Saharan Africa See Part V 28,333 WIRE Sub-Saharan Africa See Part V 103,996 WIRE 10,714	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa

Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	30,437	WIRE			
		Sub-Saharan Africa	See Part V	59,838	WIRE			
		Sub-Saharan Africa	See Part V	148,773	WIRE			
		Sub-Saharan Africa	See Part V	100,555	WIRE			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	207,145	WIRE					
		Sub-Saharan Africa	See Part V	95,590	WIRE					
		Sub-Saharan Afrıca	See Part V	98,775	WIRE					
		Sub-Saharan Afrıca	See Part V	72,143	WIRE					
								, , , , , , , , , , , , , , , , , , ,		

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	17,508	WIRE					
		Sub-Saharan Afrıca	See Part V	67,946	WIRE					
		Sub-Saharan Afrıca	See Part V	41,877	WIRE					
		Sub-Saharan Afrıca	See Part V	27,617	WIRE					
								, , , , , , , , , , , , , , , , , , ,		

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	11,552	WIRE					
		Sub-Saharan Africa	See Part V	63,501	WIRE					
		Sub-Saharan Afrıca	See Part V	19,960	WIRE					
		Sub-Saharan Afrıca	See Part V	73,955	WIRE					
		Sub-Saharan Africa	See Part V	73,955	WIRE					

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		Sub-Saharan Africa	See Part V	32,310	WIRE					
		Sub-Saharan Africa	See Part V	48,185	WIRE					
		Sub-Saharan Afrıca	See Part V	111,431	WIRE					
		Sub-Saharan Afrıca	See Part V	10,577	WIRE					
1								•		

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States	_	_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	55,264	WIRE			
		Sub-Saharan Africa	See Part V	35,504	WIRE			
		Sub-Saharan Africa	See Part V	11,070	WIRE			
		Sub-Saharan Africa	See Part V	78,395	WIRE			

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)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	25,965	WIRE						
		Sub-Saharan Africa	See Part V	236,559	WIRE						
		Sub-Saharan Africa	See Part V	147,657	WIRE	1					
		Sub-Saharan Africa	See Part V	122,905	WIRE	1					
								,			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	29,247	WIRE						
		Sub-Saharan Africa	See Part V	52,280	WIRE						
		Sub-Saharan Afrıca	See Part V	82,198	WIRE	1					
		Sub-Saharan Afrıca	See Part V	5,512	WIRE	1					
1								•			

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States	_	_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	43,467	WIRE			
		Sub-Saharan Africa	See Part V	110,916	WIRE			
		Sub-Saharan Africa	See Part V	19,915	WIRE	1		
		Sub-Saharan Africa	See Part V	36,662	WIRE			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Sub-Saharan Africa	See Part V	42,348	WIRE						
		Sub-Saharan Africa	See Part V	25,993	WIRE						
		Sub-Saharan Afrıca	See Part V	42,821	WIRE						
		Sub-Saharan Afrıca	See Part V	9,924	WIRE						
1								•			

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)				
	Sub-Saharan Africa	See Part V	51,426	WIRE							
	Sub-Saharan Africa	See Part V	57,920	WIRE							
	Sub-Saharan Africa	See Part V	13,868	WIRE							
	Sub-Saharan Africa	See Part V	51,639	WIRE	26,000	See Part V	COST				
((b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa Sub-Saharan Africa See Part V Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of cash disbursement (g) Amount of non-cash assistance Sub-Saharan Africa See Part V 51,426 WIRE Sub-Saharan Africa See Part V 13,868 WIRE				

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Ur	ited States		_		
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	See Part V	29,259	WIRE			
		Sub-Saharan Africa	See Part V	124,865	WIRE	10,714	See Part V	COST
		Sub-Saharan Africa	See Part V	80,490	WIRE	32,142	See Part V	COST
		Sub-Saharan Africa	See Part V	82,490	WIRE			

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	124,059	WIRE			
		Sub-Saharan Afrıca	See Part V	36,433	WIRE			
		Sub-Saharan Afrıca	See Part V	72,759	WIRE			
		Sub-Saharan Africa	See Part V	100,287	WIRE	53,570	See Part V	COST

(a) Name of section organization and EIN(if (c) Region (d) Purpose of grant (e) Amount of cash grant (e) Amount of cash disbursement (f) Manner of cash non-cash (book, F	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
Sub-Saharan Africa See Part V 53,124 WIRE	` '	section and EIN(if		(d) Purpose of grant	` '	1 ' '	cash	non-cash	(i) Method of valuation (book, FMV, appraisal, other)			
<u> </u>			Sub-Saharan Africa	See Part V	53,124	WIRE						
Sub-Saharan Africa See Part V 743,073 WIRE			Sub-Saharan Africa	See Part V	743,073	WIRE						
Sub-Saharan Africa See Part V 10,000 WIRE			Sub-Saharan Afrıca	See Part V	10,000	WIRE						
Sub-Saharan Africa See Part V 48,446 WIRE			Sub-Saharan Africa	See Part V	48,446	WIRE						

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
	Sub-Saharan Africa	See Part V	217,919	WIRE							
	Sub-Saharan Africa	See Part V	8,862	WIRE							
1	Sub-Saharan Africa	See Part V	16,998	WIRE							
1	Sub-Saharan Africa	See Part V	301,512	WIRE							
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 16,998	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa See Part V 8,862 WIRE Sub-Saharan Africa See Part V 16,998 WIRE	(b) IRS code section and EIN (if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa	(b) IRS code section and EIN (if applicable) Sub-Saharan Africa Sub-Saharan Africa				

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
	Sub-Saharan Africa	See Part V	26,552	WIRE	1						
	Sub-Saharan Africa	See Part V	73,355	WIRE	1						
	Sub-Saharan Africa	See Part V	82,836	WIRE	1						
	Sub-Saharan Africa	See Part V	14,290	WIRE	1						
	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa Sub-Saharan Africa	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V Sub-Saharan Africa See Part V	(b) IRS code section and EIN(if applicable) Sub-Saharan Africa See Part V 82,836	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement Sub-Saharan Africa See Part V 26,552 WIRE Sub-Saharan Africa See Part V 73,355 WIRE Sub-Saharan Africa See Part V 82,836 WIRE	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) A mount of cash grant (f) Manner of cash disbursement (g) A mount of non-cash assistance Sub-Saharan Africa See Part V 26,552 WIRE Sub-Saharan Africa See Part V 73,355 WIRE Sub-Saharan Africa See Part V 82,836 WIRE	(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 Sub-Saharan Africa See Part V 26,552 WIRE Sub-Saharan Africa See Part V 73,355 WIRE Sub-Saharan Africa See Part V 82,836 WIRE				

, rorm 990 Scheav	ie i part II	- Grants or Entitle	as Outside The Up	itea States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	See Part V	121,296	WIRE	21,428	See Part V	COST
		Sub-Saharan Africa	See Part V	69,494	WIRE			
		Sub-Saharan Africa	See Part V	88,024	WIRE			

DLN: 93493225006036

OMB No 1545-0047

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.

Inspection

Name of the organization	
ELIZABETH GLASER PE	DIATRIC AIDS FOUNDATION

Employer identification number

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.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- ✓ Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
 - Solicitation of government grants
 - Special fundraising events
- 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
- 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

(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes	No			
FUNDRAISING CONSULTING		No		65,000	-65,000
SPEC EVENT FUNDRAISING		No	513,345	156,250	357,095
SPEC EVENT FUNDRAISING		No		113,727	-113,727
1		>	513,345	334,977	178,368
	FUNDRAISING CONSULTING SPEC EVENT FUNDRAISING SPEC EVENT FUNDRAISING	FUNDRAISING CONSULTING SPEC EVENT FUNDRAISING SPEC EVENT FUNDRAISING	fundraiser have custody or control of contributions? Yes No FUNDRAISING CONSULTING SPEC EVENT FUNDRAISING No SPEC EVENT FUNDRAISING No	fundraiser have custody or control of contributions? Yes No FUNDRAISING CONSULTING SPEC EVENT FUNDRAISING No SPEC EVENT FUNDRAISING No 513,345	fundraiser have custody or control of contributions? Yes No FUNDRAISING No 65,000 SPEC EVENT FUNDRAISING SPEC EVENT FUNDRAISING No 113,727

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 III Fundraising Eve	ents
--------------------------	------

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.

	receipts greater than \$5,000								
		(a)Event #1 TIME FOR HEROES (event type)	(b)Event #2 (event type)	(c)O ther events 1 (total number)	(d) Total events (add col (a) through col (c))				
IXLe									
Revenue	1 Gross receipts	513,345			513,345				
_	2 Less Contributions	504,220			504,220				
	3 Gross income (line 1 minus line 2)	9,125			9,125				
	4 Cash prizes	20.542			20.640				
	5 Noncash prizes	28,643			28,643				
Ses	6 Rent/facility costs	49,975			49,975				
pen	8 Entertainment	836			836				
Direct Expenses	9 Other direct expenses	147,775			147,775				
<u>D</u>	10 Direct expense summary Add lines 4				227,229				
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-218,104				
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on				
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))				
—	1 Gross revenue								
Ses	2 Cash prizes								
ag Taga	3 Noncash prizes								
Direct Expenses	4 Rent/facility costs								
<u> </u>	5 Other direct expenses								
	6 Volunteerlabor	Г Yes <u></u> % Г No	┌ Yes	Yes% No					
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)	•					
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	•					
9 a	Enter the state(s) in which the organization conducts gaming activities								
b	If "No," explain								
	Were any of the organization's gaming li	censes revoked, susper	nded or terminated during		⊤Yes				
b	If "Yes," explain								

11	Does the organization conduct gam	ing activities with nonme	embers?	□Yes □No								
12	Is the organization a grantor, benef	ıcıary or trustee of a trus	st or a member of a partnership or other ent	ıty								
	formed to administer charitable gar	ning?		□Yes □No								
13	Indicate the percentage of gaming	activity conducted in										
а	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 book	s and records								
	Name 🟲											
	Address ▶											
15a			n whom the organization receives gaming									
	revenue?			□Yes □No								
b												
	amount of gaming revenue retained by the third party > \$											
С	If "Yes," enter name and address o											
	Name ▶											
	Address ►											
16	Gaming manager information											
	Name 🟲 Gaming manager compensation 🏲 🤄											
	Description of services provided											
	► Director/officer	Employee	☐ Independent contractor									
17	Mandatory distributions											
а	Is the organization required under s	tate law to make charita	ible distributions from the gaming proceeds	to								
	retain the state gaming license?			□Yes □No								
b	Enter the amount of distributions re	quired under state law d	ıstrıbuted to other exempt organızatıons or	spent								
	in the organization's own exempt ac											
Pa		15b, 15c, 16, and 17	planations required by Part I, line 2b, 'b, as applicable. Also complete this p									
	Return Reference		Explanation									
Sch	G, Part I, Line 2b -	406 7TH STREET, N	IW WASHINGTON, DC 20004									
ADD	G, Part 1, Line 2D - RESS for BLUE TE DIGITAL	, i	,									
Sch ADD Inno	G, Part I, Line 2b - RESS for vative anthrophy	5 Hanover Square, S	uite 1801, New York, NY 10004									
Sch	G, Part I, Line 2b - RESS for Stephanie	8017 SW 11th Aven	ue, Portland, Oregon, 97219									

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Schedule I (Form 990)

Department of the

Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493225006036

Open to Public
Inspection

Employer identification number

ELIZABETH GLASER PEDIATRI	C AIDS FOUNDAT		95-4191698				
Part I General Inform	ation on Grants	and Assistance				I	
 Does the organization main the selection criteria used Describe in Part IV the org 	to award the grants	orassistance?				ssistance, and	∀ Yes ⊢
Part III Grants and Other As	ssistance to Domest	tic Organizations and D		Complete If the organ	uzation answered "Yes" o	n Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
(1) African Medical and Research Foundation 4 West 43rd Street New York, NY 10036	13-1867411	501(c)(3)	10,001				See Part IV
(2) Baylor College of Medicine One Baylor Plaza Houston, TX 77030	20-2951275	501(c)(3)	409,578				See Part IV
(3) Health Research Inc 150 Broadway Riverview Center Menands, NY 12204	14-1402155	501(c)(3)	15,714				See Part IV
International Rescue (4) Committee (IRC) 122 East 42nd Street New York, NY 10168	13-5660870	501(c)(3)	342,350				See Part IV
(5) J F Kapnek Charitable Trust 936 Dewing Avenue Lafayette, CA 94549	23-7165692	501(c)(3)	122,193				See Part IV
Management Sciences for (6) Health 200 Rivers Edge Drive Medford, MA 02155	04-2482188	501(c)(3)	134,739				See Part IV
(7) PATH 2201 Westlake Avenue Seattle, WA 98121	91-1157127	501(c)(3)	57,033				See Part IV
(8) Pathfinder 9 Galen Street Watertown, MA 02472	53-0235320	501(c)(3)	585,431				See Part IV
(9) Tiny Tim and Friends Zambia 14204 Woodhaven Road Minnetonka, MN 55345	26-3545125	501(c)(3)	48,446				See Part IV
(10) University of New Mexico 1 University of New Mexico Albuquerque, NM 87131	85-6000642	501(c)(3)	301,512				See Part IV
(11) University of Washington 4533 Brooklyn Avenue NE Seattle, WA 98195	91-6001537	501(c)(3)	26,552				See Part IV
2 Enter total number of section3 Enter total number of other		=					11

Schedule I	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	ce	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Return Reference Explanation								

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

Additional Data

Software ID:

Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African Medical and Research Foundation 4 West 43rd Street New York, NY 10036	13-1867411	501(c)(3)	10,001				See Part IV
Baylor College of Medicine One Baylor Plaza Houston,TX 77030	20-2951275	501(c)(3)	409,578				See Part IV
Health Research Inc 150 Broadway Riverview Center Menands, NY 12204	14-1402155	501(c)(3)	15,714				See Part IV

Form 990,Schedule I, Par	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) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
International Rescue Committee (IRC) 122 East 42nd Street New York, NY 10168	13-5660870	501(c)(3)	342,350				See Part IV			
J F Kapnek Charitable Trust 936 Dewing Avenue Lafayette, CA 94549	23-7165692	501(c)(3)	122,193				See Part IV			
Management Sciences for Health 200 Rivers Edge Drive Medford, MA 02155	04-2482188	501(c)(3)	134,739				See Part IV			

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) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PATH 2201 Westlake Avenue Seattle, WA 98121	91-1157127	501(c)(3)	57,033				See Part IV			
Pathfinder 9 Galen Street Watertown, MA 02472	53-0235320	501(c)(3)	585,431				See Part IV			
Tiny Tim and Friends Zambia 14204 Woodhaven Road Minnetonka, MN 55345	26-3545125	501(c)(3)	48,446				See Part IV			

Form 990,Schedule I, Par	't II, Grants and	<u>l Other Assistance</u>	e to Domestic Orga	anizations and D	<u>omestic Governme</u>	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of New Mexico 1 University of New Mexico Albuquerque, NM 87131	85-6000642	501(c)(3)	301,512				See Part IV
University of Washington 4533 Brooklyn Avenue NE Seattle, WA 98195	91-6001537	501(c)(3)	26,552				See Part IV

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DLN: 93493225006036

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Pa	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	<u>~</u>	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses of			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing orgonization's CEO/Executive Director Check all to used by a related organization to establish compen	that apply				
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization), Part VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	ıt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported on Form 990, Part VII					
	subject to the initial contract exception described in Part III			8		No
0		ha rabutt	able presumption procedure described in Regulations	⊢°		INU
9	section 53 4958-6(c)?	ne reputt	able presumption procedure described in Regulations	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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in	
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2015

Part III Supplemental Information

Return Reference

SCH J, PART I, LINE 1E

The Foundation pays for the housing of all of its US Expatriates and Third-Country Nationals living and working in Sub-Saharan Africa These amounts are included in column iii of Schedule J, part II above These individuals are Xavier Alterescu, Jeroen Van't Pad Bosch, Roland Van de Ven, Innocent Hove, Appolinaire Tiam, Gretchen Antelman, Felix Ndagije and Nicole Buono

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 95-4191698

Name: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Form 990, Schedule J, (A) Name and Title			W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(A) Name and Fille	-	(i) Base Compensation	(ii) Bonus & Incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Lyons II Charles J	(1)	411,088	compensation	compensation	72.747		505.440	F0 00
President and CEO	(11)		50,000 	25,032 	72,717 	6,603 	565,440 	50,00
AKI bar Bar II - S	$\perp \downarrow \perp \downarrow$	0	0	0	0	0	0	(
1Kiley Bradley J Chief Operating Officer	(1)	260,559	0	29,461	18,550	5,321	313,891	
	(11)	0	0	- 0	- 0	0	O	(
2 Devine-Karlin Patricia EVP, External Affairs and Busi	(1)	257,837	0	18,374	18,000	6,560	300,771	(
	(11)	0	0	- 0	- 0	0	O	(
3Alterescu Xavier Country Director,	(1)	136,513	0	138,412	7,930	10,789	293,644	(
Mozambique	(11)		0	0		0	0	(
4 Giphart Adriaantje EVP, Medical and Scientific Af	(1)	238,164	0	22,228	18,454	6,807	285,653	(
	(11)	0	0	0	_ 0	0	0	(
5Ward-Dahl Tamara L VP, Admin and Human Resources	(1)	205,679	0	25,032	15,673	6,807	253,191	(
resonices	(11)		0	0		0	0	
6 Lee Stephen VP, Program Implementation	(1)	214,796	0	18,374	15,750	2,778	251,698	(
and	(11)	-	-			-		
7Van de Ven Roland	(1)	103,479	0	133,960	7,244	5,672	250,355	(
Techncal Director, Tanzania	(11)	-	-		<u>-</u>		-	
8Horner Douglas	(1)	199,184	0	15,732	0 15,179	0 6,807	236,902	
VP, Awards, Ćompliance & Inter	(11)			15,/32	15,1/9	6,807	236,902	
9Hove Innocent	(1)	69,826	0	153,960	0	0 9,558	233,344	(
Provincial Clinical Advisor	(11)	-						
10Antelman Gretchen	(1)	84,017	0	0	0	0	0	(
Technical Advisor, Public Heal	(11)		0 	137,629	6,800 	0	228,446	· · · · · · · · · · · · · · · · · · ·
11Tram Appolinates		0	0	0	0	0	0	(
11 Tiam Appolinaire Country Director, Lesotho	(1)	112,770 	0	101,599	7,894 	5,779 	228,042	(
		0	0	0	0	0	0	C
12Celletti Francesca VP, Innovation and New Technol	(1)	211,728	0	7,170	5,632		224,530	(
	(11)	0	0	_ 		0	·	
13Van't Pad Bosch Jeroen Country Director, Tanzania	(1)	126,004	0	83,089	8,820	5,928	223,841	(
	(11)	0	0	- 0	_ 0	0	0	
14Buono Nicole Country Director, Malawi	(1)	101,794	0	95,460	8,119	16,093	221,466	(
	(11)	0	-	- 0	- 0	-0		(
15 Ndagije Felix Director of Programs, Lesotho	(1)	79,623	0	123,656	8,300	9,828	221,407	(
	(11)	0	- - 0	- -	 - 0	- - 0		(
16Mathis Jill VP, New Business	(1)	180,244	0	18,374	11,540	4,492	214,650	C
Development	(11)	-0	- -	-	-	- -	_	,
17Mahomva Agnes Country Director, Zimbabwe	(1)	223,519	0	0	18,388	0	241,907	(
	(11)	- 0	-			-		·
		0	0	0	0	0	0	

SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

DLN: 93493225006036

OMB No 1545-0047

Noncash Contributions

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

Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public **Inspection**

Name of the organization **Employer identification number** ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 95-4191698 Types of Property (a) (b) (c) (d) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 15,125 COST 9 Securities—Publicly traded . Χ **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . 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 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ (Χ 17,012 COST AIRLINE MILES) **26** Other ▶ (Х 45,380 COST MEDICAL EQUIPMENT) **27** Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 Νo b If "Yes," describe the arrangement in Part II **31** | Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo b If "Yes," describe in Part II 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

Page 2

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nental 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 M (Form 990) (2015)

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As Filed Data -

DLN: 93493225006036

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
95-4191698

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5	In April of 2015, the Foundation discovered that one of its former employees from the Democratic Republic of Congo misappropriated approximately \$350,000 from the Foundation's DRC country office. The fraud, which mainly entailed falsifying vendor invoices, inflating their value and then subverting part of the payments made to those legitimate vendors, was discovered by finance staff in the DRC office and was thoroughly investigated by the Foundation's Certified Fraud Examiner and Senior Fraud Investigation Team. Immediately after the discovery and investigation of the malfeasance, the Foundation bolstered internal controls across all country offices, including expanding segregation of duties where necessary, centralizing collection of vendor invoices in country offices, requiring full payment on invoices, and requiring that country offices submit all supporting documentation for transactions to the Washington, DC accounting department on at least a monthly basis

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

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

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

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