

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning 01/01, 2012, and ending 12/31, 20 12

# 2012

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATI

95-4191698

### Part I Type of Return and Return Information (Whole Dollars Only)


Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>121579564.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . .	5b	

### Part II Declaration of Officer

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

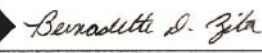
Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  | 13 Aug. 2013 | CHIEF OPERATING OFFICER

Signature of officer Date Title

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date <u>08/14/2013</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00089845</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST &amp; YOUNG U.S. LLP</u>			EIN <u>34-6565596</u>
		<u>155 NORTH WACKER DR.</u>	<u>CHICAGO</u>	<u>IL 60606</u>	Phone no. <u>312-879-4153</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2012)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** , **2012**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION			<b>D</b> Employer identification number 95-4191698
	Doing Business As			<b>E</b> Telephone number (202) 296-9165
	Number and street (or P.O. box if mail is not delivered to street address) 1140 CONNECTICUT AVENUE, NW		Room/suite 200	<b>G</b> Gross receipts \$ 125,563,868.
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036			
<b>F</b> Name and address of principal officer: CHARLES J. LYONS 1140 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.PEDAIDS.ORG			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1988		<b>M</b> State of legal domicile: CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION SEEKS TO PREVENT PEDIATRIC HIV INFECTION AND TO ERADICATE PEDIATRIC AIDS THROUGH RESEARCH, ADVOCACY, AND PREVENTION AND TREATMENT PROGRAMS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14.
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	180.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	162,466,052.	122,027,629.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,497.	47,900.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-809,078.	-495,965.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	161,703,471.	121,579,564.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	56,529,469.	29,381,548.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	51,105,709.	47,327,444.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,676,984.	287,163.	423,264.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	56,228,703.	46,501,914.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	164,151,044.	123,634,170.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,447,573.	-2,054,606.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	33,317,641.	22,642,164.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	21,734,395.	13,097,006.
		11,583,246.	9,545,158.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00089845
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶ 34-6565596		Phone no. ▶ 312-879-4153	
	Firm's address ▶ 155 NORTH WACKER DR. CHICAGO, IL 60606				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 106,151,942. including grants of \$ 29,386,858. ) (Revenue \$ )

INTERNATIONAL FAMILY AIDS INITIATIVE: THE FOUNDATION WORKS WITH ITS PARTNERS IN 15 COUNTRIES (13 IN SUB-SAHARAN AFRICA, AS WELL AS INDIA AND THE UNITED STATES) TO EXPAND ACCESS TO SERVICES THAT PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV, AND TO INCREASE THE NUMBER OF CHILDREN, WOMEN, AND FAMILIES RECEIVING CARE AND TREATMENT FOR HIV AND AIDS. THE SUCCESS OF THE FOUNDATION'S EFFORTS DEMONSTRATES THE REAL POTENTIAL TO MAKE MOTHER-TO-CHILD TRANSMISSION OF HIV A RARE EVENT - EVEN IN RESOURCE-POOR SETTINGS - TO PREVENT THE VAST MAJORITY OF NEW INFECTIONS OCCURRING IN CHILDREN.

4b (Code: ) (Expenses \$ 1,952,223. including grants of \$ -5,310. ) (Revenue \$ )

RESEARCH: OVER THE PAST 20 YEARS, THE FOUNDATION HAS BECOME WORLD-RENOWNED FOR ITS LEADERSHIP IN PEDIATRIC HIV AND AIDS RESEARCH. THE FOUNDATION SUPPORTS INNOVATIVE PROJECTS, COLLABORATES WITH THE BRIGHTEST SCIENTIFIC MINDS, AND BRIDGES GAPS WITHIN THE MEDICAL AND RESEARCH COMMUNITIES TO ENSURE THAT MOTHERS AND CHILDREN IN THE AREAS OF THE WORLD HARDEST HIT BY HIV AND AIDS HAVE ACCESS TO THE BEST MEDICAL TREATMENTS. THE FOUNDATION SUPPORTED RESEARCH EFFORTS AROUND THE WORLD INCLUDE IDENTIFYING BETTER TECHNOLOGIES AND INTERVENTIONS THAT CAN BE REPLICATED IN RESOURCE-POOR SETTINGS AND PURSUING THE DEVELOPMENT OF A PEDIATRIC HIV VACCINE.

4c (Code: ) (Expenses \$ 770,906. including grants of \$ ) (Revenue \$ )

ATTACHMENT 2

4d Other program services (Describe in Schedule O.)

(Expenses \$ 740,300. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 109,615,371.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .	X	
<b>18</b> 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> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> 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> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .		X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . .

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.



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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DANIEL WARCO, CONTROLLER 1140 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036 (202)296-9165

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL GLASER HONORARY CHAIRMAN OF THE BOARD	1.00 0	X					0	0	0	
(2) WILLOW BAY CO-CHAIR OF THE BOARD	1.00 0	X					0	0	0	
(3) RUSS HAGEY CO-CHAIR OF THE BOARD	1.00 0	X					0	0	0	
(4) ANNIE HILL SECRETARY OF THE BOARD	1.00 0	X					0	0	0	
(5) JEFF ELTON, PHD BOARD MEMBER	1.00 0	X					0	0	0	
(6) JENNIFER FOX BOARD MEMBER	1.00 0	X					0	0	0	
(7) PAUL JOHNSON BOARD MEMBER	1.00 0	X					0	0	0	
(8) JOSEPH (MIKE) MCCUNE, MD, PHD BOARD MEMBER	1.00 0	X					0	0	0	
(9) STUART PAPE BOARD MEMBER	1.00 0	X					0	0	0	
(10) GEORGE WELLDE BOARD MEMBER	1.00 0	X					0	0	0	
(11) OMAR ABDI BOARD MEMBER	1.00 0	X					0	0	0	
(12) KATHLEEN CRAVERO-KRISTOFFERSSO BOARD MEMBER	1.00 0	X					0	0	0	
(13) PAULA KERGER BOARD MEMBER	1.00 0	X					0	0	0	
(14) SUSIE ZEEGEN BOARD MEMBER	1.00 0	X					0	0	0	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LYONS II, CHARLES J. PRESIDENT AND CEO	40.00 0	X		X			466,730.	0	91,852.	
16) O'BRIEN, PHILIP EVP, COMMUNICATIONS, ADVOCACY,	40.00 0			X			283,503.	0	25,243.	
17) HELLMANN, NICHOLAS S. EXECUTIVE VP, MEDICAL & SCIENT	40.00 0			X			279,630.	0	18,968.	
18) CARRAZANA, CARLOS A. CHIEF OPERATING OFFICER	40.00 0			X			205,630.	0	17,864.	
19) DEVINE-KARLIN, PATRICIA VICE PRESIDENT, GLOBAL BUSINES	40.00 0				X		233,828.	0	27,211.	
20) GIPHART, ADRIAANTJE VICE PRESIDENT, PROGRAM IMPLEM	40.00 0				X		218,308.	0	28,792.	
21) SIMONDS, ROBERT J. VICE PRESIDENT, PROGRAM INNOVA	40.00 0				X		227,784.	0	17,501.	
22) WARD-DAHL, TAMARA L VICE PRESIDENT, ADMIN AND HUMA	40.00 0				X		217,026.	0	26,847.	
23) ZAKREWSKY, COLLEEN VICE PRESIDENT, DEVELOPMENT	40.00 0				X		215,389.	0	24,300.	
24) BUHENDWA, LEO COUNTRY DIRECTOR, LESOTHO	40.00 0				X		226,288.	0	12,871.	
25) LEE, STEPHEN PROGRAM DIRECTOR, PREVENTION,	40.00 0				X		215,046.	0	19,164.	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							5,694,307.	0	552,954.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							5,694,307.	0	552,954.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **76**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) SAVOSNICK, PETER COUNTRY DIRECTOR, KENYA	40.00 0				X			214,441.	0	17,392.
( 27) HORNER, DOUGLAS VICE PRESIDENT, AWARDS AND COM	40.00 0				X			197,088.	0	27,550.
( 28) MORALES, FERNANDO COUNTRY DIRECTOR, MOZAMBIQUE	40.00 0				X			209,962.	0	12,625.
( 29) VAN'T PAD BOSCH, JEROEN COUNTRY DIRECTOR, TANZANIA	40.00 0				X			205,928.	0	16,135.
( 30) MICHAELS-STRASSER, SUSAN COUNTRY DIRECTOR, ZAMBIA	40.00 0				X			194,691.	0	21,899.
( 31) PENNIMAN, ELIZABETH VICE PRESIDENT, PUBLIC POLICY	40.00 0				X			189,119.	0	8,963.
( 32) MAHOMVA, AGNES COUNTRY DIRECTOR, ZIMBABWE	40.00 0				X			178,418.	0	14,654.
( 33) MAHDI, MOHAMMED COUNTRY DIRECTOR, SWAZILAND	40.00 0				X			168,461.	0	13,314.
( 34) VAN ZYL, CORNELIA COUNTRY DIRECTOR, RWANDA	40.00 0				X			170,596.	0	7,111.
( 35) BUONO, NICOLE COUNTRY DIRECTOR, MALAWI	40.00 0				X			154,226.	0	21,321.
( 36) ALONS-KEHUS, CATHERIEN SENIOR COUNTRY OFF, MOZAMBIQUE	40.00 0					X		231,783.	0	17,470.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 76

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include SILVER, ADAM C., VAN DE VEN, ROLAND, BOON, ALEXANDRE, and FOWLER, RANDOLF.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 76

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. This table is currently empty.

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,530,217.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	99,545,528.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	20,951,884.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		56,133.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			122,027,629.			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			53,539.	53,539.		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0			
	<b>5</b> Royalties . . . . .			7,009.	7,009.		
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			3,396,516.		
		<b>c</b> Gain or (loss) . . . . .			3,402,155.		
		<b>d</b> Net gain or (loss) . . . . .			-5,639.	-5,639.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,530,217.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	ATCH 6		79,175.		
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		582,149.		
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-502,974.		-502,974.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			121,579,564.	54,909.		-502,974.	

**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 to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	29,381,548.	29,381,548.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,247,259.	4,174,492.	1,672,221.	400,546.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	34,894,122.	29,661,798.	3,706,970.	1,525,354.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,674,084.	1,399,072.	206,893.	68,119.
<b>9</b> Other employee benefits . . . . .	3,078,118.	2,519,125.	417,923.	141,070.
<b>10</b> Payroll taxes . . . . .	1,433,861.	947,534.	352,348.	133,979.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	161,793.	131,790.	29,951.	52.
<b>c</b> Accounting . . . . .	385,730.	57,980.	327,750.	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	423,264.			423,264.
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,052,964.	2,277,380.	686,420.	89,164.
<b>12</b> Advertising and promotion . . . . .	89,291.	82,985.		6,306.
<b>13</b> Office expenses . . . . .	7,543,943.	6,142,975.	1,142,884.	258,084.
<b>14</b> Information technology . . . . .	957,004.	813,600.	140,475.	2,929.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	3,247,704.	2,618,210.	456,240.	173,254.
<b>17</b> Travel . . . . .	7,726,820.	6,784,929.	673,742.	268,149.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	10,720,162.	10,632,038.	61,426.	26,698.
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	119,782.	77,630.	42,152.	
<b>23</b> Insurance . . . . .	575,302.	401,732.	142,927.	30,643.
<b>24</b> 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.)				
<b>a</b> EQUIPMENT -----	2,452,298.	2,368,422.	83,696.	180.
<b>b</b> REPAIRS AND MAINTENANCE -----	1,121,379.	1,005,638.	111,764.	3,977.
<b>c</b> REIMBURSIBLE SUB-CONTRACTS -----	1,698,376.	1,698,376.		
<b>d</b> OTHER PROGRAM SERVICES -----	5,820,147.	5,820,147.		
<b>e</b> All other expenses -----	829,219.	617,971.	86,032.	125,216.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	123,634,170.	109,615,372.	10,341,814.	3,676,984.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	14,189,954.	<b>1</b>	8,003,329.
	<b>2</b> Savings and temporary cash investments	5,423,687.	<b>2</b>	2,894,324.
	<b>3</b> Pledges and grants receivable, net	9,577,622.	<b>3</b>	5,906,287.
	<b>4</b> Accounts receivable, net	1,635,394.	<b>4</b>	2,182,686.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	2,204,970.	<b>9</b>	3,345,658.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,399,333.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,089,453.	286,014.	<b>10c</b> 309,880.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		33,317,641.	<b>16</b>	22,642,164.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	7,151,815.	<b>17</b>	5,854,177.
	<b>18</b> Grants payable	7,510,151.	<b>18</b>	1,998,110.
	<b>19</b> Deferred revenue	5,906,245.	<b>19</b>	3,967,436.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	1,166,184.	<b>25</b>	1,277,283.
	<b>26 Total liabilities.</b> Add lines 17 through 25		21,734,395.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	9,916,704.	<b>27</b>	7,512,097.
	<b>28</b> Temporarily restricted net assets	1,577,520.	<b>28</b>	1,948,582.
	<b>29</b> Permanently restricted net assets	89,022.	<b>29</b>	84,479.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	11,583,246.	<b>33</b>	9,545,158.
	<b>34</b> Total liabilities and net assets/fund balances		33,317,641.	<b>34</b>



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	121,579,564.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	123,634,170.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,054,606.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,583,246.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	16,517.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	9,545,157.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

<b>Name of the organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	<b>Employer identification number</b> 95-4191698
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	119,792,443.	127,206,925.	151,181,047.	162,466,052.	122,027,629.	682,674,096.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	119,792,443.	127,206,925.	151,181,047.	162,466,052.	122,027,629.	682,674,096.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						682,674,096.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	119,792,443.	127,206,925.	151,181,047.	162,466,052.	122,027,629.	682,674,096.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	98,682.	4,080.	120,195.	67,530.	60,547.	351,034.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1 . . . . .	36.	20,878.				20,914.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						683,046,044.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	520,375.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.95 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.91 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS INCOME	36.	20,878.				20,914.
<b>TOTALS</b>	<u>36.</u>	<u>20,878.</u>				<u>20,914.</u>

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2012**

<b>Name of the organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	<b>Employer identification number</b> 95-4191698
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



<b>Name of organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	<b>Employer identification number</b> 95-4191698
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 56,802,099.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 36,630,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 10,915,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number 95-4191698
--	--

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number  
95-4191698

**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
-----	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
-----	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
-----	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	-----	-----	-----

**Political Campaign and Lobbying Activities**

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

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

▶ **See separate instructions.**

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION</b>	Employer identification number <b>95-4191698</b>
---	---

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	2,756.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	40,440.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	43,196.													
<b>d</b>	Other exempt purpose expenditures . . . . .	121,536,368.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	121,579,564.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	31,351.	29,221.	60,982.	43,196.	164,750.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	2,896.	3,013.	4,824.	2,756.	13,489.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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



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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?... 9 In Part XIII, describe how the organization reports conservation easements...

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1... (ii) Assets included in Form 990, Part X... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1... b Assets included in Form 990, Part X...

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	89,022.	91,199.	92,225.	91,754.	91,178.
b Contributions	-4,543.	-2,177.		471.	576.
c Net investment earnings, gains, and losses	1,271.	3,145.	2,970.	4,847.	4,847.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,271.	3,145.	3,996.	4,847.	4,847.
f Administrative expenses					
g End of year balance	84,479.	89,022.	91,199.	92,225.	91,754.

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.0000 %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		263,193.	245,949.	17,244.
d Equipment		803,816.	719,295.	84,521.
e Other		332,324.	124,209.	208,115.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				309,880.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	1,277,283.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,277,283.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	122,178,230.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 16,517.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	16,517.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	122,161,713.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -582,149.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-582,149.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	121,579,564.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	124,216,318.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 582,149.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	582,149.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	123,634,169.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	123,634,169.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

DESCRIPTION OF FIN 48 FOOTNOTE IN THE 2012 FINANCIAL STATEMENTS

SCHEDULE D, PART IV

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CORRESPONDING STATE REVENUE AND TAXATION STATUTES, EXCEPT FOR ANY FEDERAL INCOME THAT MAY BE A RESULT OF UNRELATED BUSINESS TRANSACTIONS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012 AND 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.

**Part XIII** Supplemental Information (continued)

## DESCRIPTION OF RECONCILING ITEM

SCHEDULE D, PART XII, LINE 4B & SCHEDULE D, PART XIII, LINE 2D

IN ORDER TO RECONCILE THE TOTAL REVENUES PER THE FINANCIAL STATEMENTS TO THE TOTAL REVENUE LISTED IN PART VIII OF THE FORM 990, TOTAL SPECIAL EVENT EXPENSES NEED TO BE ADDED BACK TO THE TOTAL REVENUE AMOUNT LISTED IN PART VIII OF THE FORM 990 (SINCE IT WAS DEDUCTED ON LINE 8B OF PART VIII).

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> SUB-SAHARAN AFRICA	12.	850.	PROGRAM SERVICES	SEE PART V	70,805,967.
<b>(2)</b> EUROPE	1.	3.	PROGRAM SERVICES	SEE PART V	524,944.
<b>(3)</b> NORTH AMERICA			PROGRAM SERVICES	SEE PART V	115,311.
<b>(4)</b> SOUTH ASIA			PROGRAM SERVICES	SEE PART V	37,328.
<b>(5)</b> SOUTH AMERICA			PROGRAM SERVICES	SEE PART V	145.
<b>(6)</b> SUB-SAHARAN AFRICA			FUNDRAISING	N/A	271,578.
<b>(7)</b> EUROPE (INCLUDING ICELAND AND			FUNDRAISING	N/A	335,219.
<b>(8)</b> NORTH AMERICA			FUNDRAISING	N/A	649.
<b>(9)</b> SUB-SAHARAN AFRICA			GRANTMAKING	N/A	28,940,815.
<b>(10)</b> SOUTH ASIA			GRANTMAKING	N/A	440,733.
<b>(11)</b> RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SEE PART V	3,749.
<b>(12)</b> EAST ASIA AND THE PACIFIC			PROGRAM SERVICES		1,323.
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	13.	853.			101,477,761.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	13.	853.			101,477,761.

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

Schedule F (Form 990) 2012



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	81,236.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	105,966.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART IV	96,680.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	325,720.	WIRE TRANSF	35,811.	N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	92,188.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	133,838.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	18,200.	WIRE TRANSF	8,812.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	59,744.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	48,096.	WIRE TRANSF	1,260.	[F] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	54,653.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	110,999.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	392,597.	WIRE TRANSF	114,510.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	10,069.	WIRE TRANSF	4,002.	[C] - PART V	COST
(14)			SUB-SAHARAN AFRICA	SEE PART V	12,216.	WIRE TRANSF	19,022.	[C] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	52,835.	WIRE TRANSF	23,147.	[C] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	14,618.	WIRE TRANSF		N/A	N/A

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. . . . . ▶ -----

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	41,936.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	28,838.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	7,353.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	128,359.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	22,957.	WIRE TRANSF	10,205.	[C] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	9,124.	WIRE TRANSF	832.	N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART IV	402,920.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	143,600.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	19,760.	WIRE TRANSF	3,442.	[A] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	22,844.	WIRE TRANSF	11,005.	[C] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V	9,494.	WIRE TRANSF	369.	N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	50,376.	WIRE TRANSF	5,433.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	21,513.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	202,666.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	166,776.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	5,368.	[C] - PART V	COST

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	124,873.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	7,021.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	376,635.	WIRE TRANSF	62,102.	N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	110,840.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	35,607.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	46,251.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	7,305.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	38,765.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	23,522.	WIRE TRANSF	14,237.	N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	5,677.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	43,810.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	20,575.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	35,401.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	38,718.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	70,708.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	13,637.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	249,662.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	22,896.	WIRE TRANSF	15,226.	[F] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	9,650.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	87,115.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	13,220.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	9,841.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	142,418.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	69,925.	WIRE TRANSF	7,659.	[C] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V	23,865.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	89,325.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	100,774.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	20,409.	WIRE TRANSF	3,442.	[A] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	80,284.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	47,684.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	93,370.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	5,649.	WIRE TRANSF		N/A	N/A

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	32,922.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	49,506.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	20,099.	WIRE TRANSF	7,671.	[C] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART IV	222,129.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	156,007.	WIRE TRANSF	380.	[K] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	20,158.	WIRE TRANSF	35,303.	[J] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	37,762.	WIRE TRANSF	6,683.	[J] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	58,329.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	22,849.	WIRE TRANSF	709.	[C] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	23,711.	WIRE TRANSF	28,114.	[H] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V	27,344.	WIRE TRANSF	34,433.	[J] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	8,219.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	118,845.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	75,150.	WIRE TRANSF	-13,032.	[H] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	35,753.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	87,752.	WIRE TRANSF	18,023.	[H] - PART V	COST

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(1)			SUB-SAHARAN AFRICA	SEE PART V	18,936.	WIRE TRANSF	8,526.	[C] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	31,224.	WIRE TRANSF	17,930.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	12,200.	WIRE TRANSF	7,584.	[F] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	14,966.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	11,315.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	12,666.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART IV	82,057.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	6,967.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	15,100.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	8,578.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	9,825.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	16,846.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	8,947.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	21,483.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	21,352.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	37,779.	WIRE TRANSF	10,727.	N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	34,726.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	19,764.	WIRE TRANSF	9,318.	N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	7,526.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	49,928.	WIRE TRANSF	1,998.	N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	39,670.	WIRE TRANSF	1,786.	N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	9,682.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	46,359.	WIRE TRANSF	647.	N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	28,179.	WIRE TRANSF	19,844.	N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	29,057.	WIRE TRANSF	6,975.	N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	22,499.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	25,752.	WIRE TRANSF	7,763.	N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	12,164.	WIRE TRANSF	10,404.	N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	11,895.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	17,516.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	31,370.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	13,039.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	26,813.	WIRE TRANSF	1,130.	[F] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	23,629.	WIRE TRANSF	1,478.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	36,643.	WIRE TRANSF	38,693.	[H] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	123,186.	WIRE TRANSF	17,719.	[F] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	59,440.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	16,666.	WIRE TRANSF	8,883.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART IV	1,581,595.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	49,980.	WIRE TRANSF	6,271.	[C] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART IV	33,472.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	44,382.	WIRE TRANSF	9,828.	[H] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V	23,513.	WIRE TRANSF	38,874.	[K] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	42,149.	WIRE TRANSF	20,492.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	11,044.	WIRE TRANSF	17,380.	N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	28,666.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	141,076.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	32,315.	WIRE TRANSF	7,624.	[D] - PART V	COST

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(1)			SUB-SAHARAN AFRICA	SEE PART V	43,200.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	14,448.	WIRE TRANSF	26,681.	[B] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	59,224.	WIRE TRANSF	23,614.	[C] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	19,795.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	18,873.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	133,973.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	16,908.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	6,516.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	6,516.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	24,539.	WIRE TRANSF	17,101.	[C] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V	21,314.	WIRE TRANSF	9,920.	[C] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	35,314.	WIRE TRANSF	10,079.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	112,170.	WIRE TRANSF	14,474.	[C] - PART V	COST
(14)			SUB-SAHARAN AFRICA	SEE PART V	12,595.	WIRE TRANSF	2,924.	[G] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	27,789.	WIRE TRANSF	27,825.	[C] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	31,691.	WIRE TRANSF	9,717.	[C] - PART V	COST

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(1)			SUB-SAHARAN AFRICA	SEE PART V	122,330.	WIRE TRANSF	21,629.	[C] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	97,173.	WIRE TRANSF	37,121.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	283,000.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	16,317.	WIRE TRANSF	9,217.	[C] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	6,747.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	23,942.	WIRE TRANSF	9,246.	[H] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	45,928.	WIRE TRANSF	17,159.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	89,849.	WIRE TRANSF	37,582.	[C] - PART V	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	4,307.	WIRE TRANSF	948.	N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	165,154.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	340,620.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	56,914.	WIRE TRANSF	14,338.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	14,517.	[C] - PART I	COST
(14)			SUB-SAHARAN AFRICA	SEE PART V	28,456.	WIRE TRANSF	2,144.	[H] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	24,952.	WIRE TRANSF	24,665.	[C] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	226,505.	WIRE TRANSF	93,571.	N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	52,547.	WIRE TRANSF	12,307.	[C] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	32,595.	WIRE TRANSF	8,421.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	23,934.	WIRE TRANSF	13,568.	[C] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	55,140.	WIRE TRANSF	26,791.	[H] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	8,620.	WIRE TRANSF	9,768.	[C] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	49,655.	WIRE TRANSF	6,802.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	28,397.	WIRE TRANSF	15,786.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	222,425.	WIRE TRANSF	304.	[F] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V	24,119.	WIRE TRANSF	8,293.	[H] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	10,209.	WIRE TRANSF	2,497.	N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	32,424.	WIRE TRANSF	13,989.	[C] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	27,145.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	314,643.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	6,492.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	29,961.	WIRE TRANSF	8,269.	[C] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	40,074.	WIRE TRANSF	19,468.	[C] - PART V	COST

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	31,634.	WIRE TRANSF	51,771.	[C] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	56,251.	WIRE TRANSF	20,145.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	30,775.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	318,046.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	32,770.	WIRE TRANSF	17,341.	[C] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	17,081.	WIRE TRANSF	4,119.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	22,934.	WIRE TRANSF	10,203.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	29,960.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	65,945.	WIRE TRANSF	6,585.	[C] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	36,587.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	32,401.	WIRE TRANSF	10,447.	[J] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	4,832.	WIRE TRANSF	892.	N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	126,684.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	42,859.	WIRE TRANSF	13,876.	[C] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	25,672.	WIRE TRANSF	18,408.	[D] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	61,097.	WIRE TRANSF	40,585.	[C] - PART V	COST

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(1)			SUB-SAHARAN AFRICA	SEE PART V	18,363.	WIRE TRANSF	3,712.	[C] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	138,103.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	37,275.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	12,852.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	36,273.	WIRE TRANSF	34,830.	[C] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	18,880.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	28,205.	WIRE TRANSF	2,741.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	46,235.	WIRE TRANSF	10,433.	[C] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V	78,854.	WIRE TRANSF	9,319.	[A] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	19,127.	WIRE TRANSF	1,001.	[F] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V	54,955.	WIRE TRANSF	22,072.	[C] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	44,549.	WIRE TRANSF	12,581.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	82,280.	WIRE TRANSF	12,673.	[C] - PART V	COST
(14)			SUB-SAHARAN AFRICA	SEE PART V	19,567.	WIRE TRANSF	8,108.	[C] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	34,948.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	84,164.	WIRE TRANSF	5,856.	[C] - PART V	COST

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(1)			SUB-SAHARAN AFRICA	SEE PART V	38,842.	WIRE TRANSF	4,589.	[H] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	35,800.	WIRE TRANSF	35,413.	[H] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	75,700.	WIRE TRANSF	662.	[F] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	339,347.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	43,177.	WIRE TRANSF	7,607.	[H] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	41,726.	WIRE TRANSF	29,878.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	18,370.	WIRE TRANSF	14,287.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V	36,215.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	20,851.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	140,975.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	54,961.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	2,248,858.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	234,268.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	16,029.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART IV	131,930.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART IV	2,238,337.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	23,926.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	17,467.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	123,784.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	29,976.	WIRE TRANSF	3,143.	[F] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	30,503.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	46,801.	WIRE TRANSF	37,140.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	127,389.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	65,261.	WIRE TRANSF	35,753.	[C] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V	39,947.	WIRE TRANSF	-11.	[J] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	6,573.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	42,792.	WIRE TRANSF	3,912.	[G] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	26,648.	WIRE TRANSF	11,584.	[H] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	31,010.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	24,761.	WIRE TRANSF	11,723.	[G] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	57,346.	WIRE TRANSF	1,491.	[A] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	28,071.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	16,927.	WIRE TRANSF	1,491.	[A] - PART I	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	54,013.	WIRE TRANSF	1,130.	[F] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	46,774.	WIRE TRANSF	3,207.	[H] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	41,947.	WIRE TRANSF	7,761.	[F] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	19,145.	WIRE TRANSF	998.	[I] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V	56,312.	WIRE TRANSF	15,787.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	31,804.	WIRE TRANSF	3,508.	[H] - PART V	COST
(8)			SOUTH ASIA	SEE PART V	18,060.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	13,540.	[C] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	10,949.	[F] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	8,480.	[C] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	28,768.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	31,689.	[C] - PART V	COST
(14)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	8,741.	[C] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	16,452.	[C] - PART V	COST
(16)			SUB-SAHARAN AFRICA	SEE PART V	65,039.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	26,463.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	24,650.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	34,332.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	36,702.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	38,735.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	45,727.	WIRE TRANSF	9,630.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	23,586.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	27,664.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	39,213.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	21,218.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	6,171.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	24,721.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	14,821.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	17,441.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	14,184.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	15,810.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	10,699.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	15,390.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	21,718.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	42,041.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	10,680.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	34,940.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	98,379.	WIRE TRANSF	35,169.	N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	44,818.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	38,256.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	54,805.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	37,352.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	28,611.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	14,419.	WIRE TRANSF	2,717.	N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	18,145.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	33,466.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	15,672.	WIRE TRANSF		N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	37,137.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	59,473.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	27,077.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	25,106.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	25,660.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	20,438.	WIRE TRANSF	12,547.	N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	37,450.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	30,767.	WIRE TRANSF	8,369.	[B] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V	25,466.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	44,381.	WIRE TRANSF	680.	N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	31,376.	[C] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	18,179.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	24,797.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	36,655.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	33,130.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	75,172.	WIRE TRANSF	1,158.	N/A	N/A

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(1)			SUB-SAHARAN AFRICA	SEE PART V	24,430.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	18,654.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	25,010.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	23,939.	WIRE TRANSF	12,378.	N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	8,592.	WIRE TRANSF		N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	87,900.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	14,004.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	26,576.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	16,863.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	37,923.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	45,659.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	43,311.	WIRE TRANSF	5,092.	N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	63,117.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	15,067.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	9,995.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	11,921.	WIRE TRANSF		N/A	N/A

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. . . . . ▶ -----

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	51,804.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	8,988.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	21,556.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	17,821.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V	94,834.	WIRE TRANSF	13,346.	N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	46,167.	WIRE TRANSF	11,625.	N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	17,349.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	45,861.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	38,789.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	13,195.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	26,449.	WIRE TRANSF	6,384.	[A] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	13,291.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	86,487.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	30,817.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	14,527.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	31,079.	WIRE TRANSF		N/A	N/A

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	30,700.	WIRE TRANSF	35,554.	[B] - PART I	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	89,720.	WIRE TRANSF	8,995.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	5,187.	WIRE TRANSF		N/A	N/A
(4)			SUB-SAHARAN AFRICA	SEE PART V	35,836.	WIRE TRANSF		N/A	N/A
(5)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	52,350.	[C] - PART V	COST
(6)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	21,603.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	6,750.	[C] - PART V	COST
(8)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	9,086.	[C] - PART V	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	14,926.	[C] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	26,294.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V		WIRE TRANSF	7,192.	[C] - PART V	COST
(12)			SUB-SAHARAN AFRICA	SEE PART V	26,601.	WIRE TRANSF	9,468.	[C] - PART V	COST
(13)			SUB-SAHARAN AFRICA	SEE PART V	7,528.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	20,054.	WIRE TRANSF	14,921.	[C] - PART V	COST
(15)			SUB-SAHARAN AFRICA	SEE PART V	150,277.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	5,445.	WIRE TRANSF	8,156.	[C] - PART V	COST

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	9,260.	WIRE TRANSF	5,990.	[C] - PART V	COST
(2)			SUB-SAHARAN AFRICA	SEE PART V	42,284.	WIRE TRANSF	27,319.	[C] - PART V	COST
(3)			SUB-SAHARAN AFRICA	SEE PART V	28,058.	WIRE TRANSF	10,543.	[C] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	62,446.	WIRE TRANSF	1,495.	[A] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	68,875.	WIRE TRANSF	37,034.	[C] - PART V	COST
(6)			SOUTH ASIA	SEE PART V	495,088.	WIRE TRANSF		N/A	N/A
(7)			SUB-SAHARAN AFRICA	SEE PART V	180,211.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART V	131,572.	WIRE TRANSF		N/A	N/A
(9)			SUB-SAHARAN AFRICA	SEE PART V	33,412.	WIRE TRANSF	19,879.	[E] - PART V	COST
(10)			SUB-SAHARAN AFRICA	SEE PART V	30,891.	WIRE TRANSF	9,397.	[C] - PART V	COST
(11)			SUB-SAHARAN AFRICA	SEE PART V	22,200.	WIRE TRANSF	7,412.	N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART IV	58,469.	WIRE TRANSF		N/A	N/A
(13)			SUB-SAHARAN AFRICA	SEE PART V	21,536.	WIRE TRANSF		N/A	N/A
(14)			SUB-SAHARAN AFRICA	SEE PART V	674,716.	WIRE TRANSF		N/A	N/A
(15)			SUB-SAHARAN AFRICA	SEE PART V	15,282.	WIRE TRANSF		N/A	N/A
(16)			SUB-SAHARAN AFRICA	SEE PART V	29,614.	WIRE TRANSF		N/A	N/A

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	10,000.	WIRE TRANSF		N/A	N/A
(2)			SUB-SAHARAN AFRICA	SEE PART V	277,864.	WIRE TRANSF		N/A	N/A
(3)			SUB-SAHARAN AFRICA	SEE PART V	66,269.	WIRE TRANSF	30,833.	[C] - PART V	COST
(4)			SUB-SAHARAN AFRICA	SEE PART V	9,093.	WIRE TRANSF	2,325.	[C] - PART V	COST
(5)			SUB-SAHARAN AFRICA	SEE PART V	36,924.	WIRE TRANSF	1,450.	N/A	N/A
(6)			SUB-SAHARAN AFRICA	SEE PART V	33,496.	WIRE TRANSF	14,057.	[C] - PART V	COST
(7)			SUB-SAHARAN AFRICA	SEE PART V	75,374.	WIRE TRANSF		N/A	N/A
(8)			SUB-SAHARAN AFRICA	SEE PART IV	383,413.	WIRE TRANSF	24,741.	ONE OR MORE	COST
(9)			SUB-SAHARAN AFRICA	SEE PART V	94,081.	WIRE TRANSF		N/A	N/A
(10)			SUB-SAHARAN AFRICA	SEE PART V	19,263.	WIRE TRANSF		N/A	N/A
(11)			SUB-SAHARAN AFRICA	SEE PART V	256,472.	WIRE TRANSF		N/A	N/A
(12)			SUB-SAHARAN AFRICA	SEE PART V	388,408.	WIRE TRANSF		N/A	N/A
(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. . . . . **427.**

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



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

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to 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).

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

SCHEDULE F, PART 1, LINE 2

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 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 - AUDIT GRANTEES' FINANCIAL EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES CHARGED TO THE FOUNDATION'S FUNDS ARE ALLOWABLE, ALLOCABLE, AND REASONABLE. IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER CORRECTIVE ACTIONS TAKEN.

SPECIFIC TYPE OF SERVICE IN REGION

SCHEDULE F, PART I, LINE 3

PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES AFFLICTED WITH HIV/AIDS AS WELL AS MONITORING OF THE USE OF ALL GRANT FUNDS SENT TO FOREIGN ORGANIZATIONS.

**Part V Supplemental Information**

Complete this part to 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).

## PURPOSE OF GRANT

SCHEDULE F, PART II, COLUMN (D)

THE PURPOSE OF ALL GRANTS TO ORGANIZATIONS LOCATED IN SUB-SAHARAN AFRICA AND SOUTH ASIA IS TO FURTHER PMTCT AND/OR CARE AND TREATMENT SERVICES TO CHILDREN AND FAMILIES THROUGH DIRECT SUPPORT, CAPACITY BUILDING, AND RESEARCH.

## DESCRIPTION OF NON-CASH ASSISTANCE

SCHEDULE F, PART II, COLUMN (H)

[A]-PART IV COMPUTER AND OFFICE EQUIPMENT/FURNITURE;

[B]-PART IV COMPUTER AND/OR OFFICE EQUIPMENT/FURNITURE AND MEDICAL SUPPLIES;

[C]-PART IV MEDICAL SUPPLIES; OPERATING EXPENSES;

[D]-PART IV ONE OR MORE MOTORIZED VEHICLES/ VEHICLE RELATED ACCESSORIES;

[E]-PART IV ONE OR MORE MOTORIZED VEHICLES/ VEHICLE RELATED ACCESSORIES AND MEDICAL SUPPLIES;

[F]-PART IV OPERATIONAL EXPENSES (E.G. OFFICE SUPPLIES, TRAINING EXPENSES, ETC.);

[G]-PART IV OPERATIONAL EXPENSES (E.G. OFFICE SUPPLIES, TRAINING EXPENSES, ETC.) AND IT EQUIPMENT;

[H]-PART IV OPERATIONAL EXPENSES (E.G. OFFICE SUPPLIES, TRAINING EXPENSES, ETC.) AND RENOVATIONS;

[I]-PART IV PURCHASE OF WATER TANKS;

[J]-PART IV RENOVATION EXPENSES;

[K]-PART IV VARIOUS OPERATING EXPENSES INCLUDING SALARY, FRINGE BENEFITS,

**Part V Supplemental Information**

Complete this part to 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).

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RENT, AND EQUIPMENT/FURNITURE RENT

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

**Part I**

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

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

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> THE MATALE LINE	DIRECT MAIL		X	32,406.	161,048.	-128,642.
<b>2</b> BLUE STATE DIGITAL	DIRECT MAIL		X	50,248.	249,717.	-199,469.
<b>3</b> INNOVATIVE PHILANTHROPY	FUNDRAISING		X	15,075.	12,500.	2,575.
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				97,729.	423,265.	-325,536.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		A TIME FOR HERO (event type)	KIDS FOR KIDS (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	939,409.	15,075.	654,908.	1,609,392.
	<b>2</b> Less: Contributions . . . . .	44,125.		35,050.	79,175.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	895,284.	15,075.	619,858.	1,530,217.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	278,058.	15,000.	70,378.	363,436.
	<b>7</b> Food and beverages . . . . .		787.	49,959.	50,746.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	90,864.	8,813.	68,290.	167,967.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 582,149.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				948,068.

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LYONS II, CHARLES J. PRESIDENT AND CEO	(i)	368,158.	75,000.	23,572.	77,500.	14,352.	558,582.	
	(ii)	0	0	0	0	0	0	
2 O'BRIEN, PHILIP EVP, COMMUNICATIONS, ADVOCACY,	(i)	256,563.	0	26,940.	17,000.	8,243.	308,746.	
	(ii)	0	0	0	0	0	0	
3 HELLMANN, NICHOLAS S. EXECUTIVE VP, MEDICAL & SCIENT	(i)	254,778.	0	24,852.	17,500.	1,468.	298,598.	
	(ii)	0	0	0	0	0	0	
4 CARRAZANA, CARLOS A. CHIEF OPERATING OFFICER	(i)	191,006.	0	14,623.	14,402.	3,463.	223,495.	
	(ii)	0	0	0	0	0	0	
5 DEVINE-KARLIN, PATRICIA VICE PRESIDENT, GLOBAL BUSINES	(i)	217,720.	0	16,108.	15,858.	11,352.	261,038.	
	(ii)	0	0	0	0	0	0	
6 GIPHART, ADRIAANTJE VICE PRESIDENT, PROGRAM IMPLEM	(i)	202,492.	0	15,816.	15,456.	13,336.	247,100.	
	(ii)	0	0	0	0	0	0	
7 SIMONDS, ROBERT J. VICE PRESIDENT, PROGRAM INNOVA	(i)	202,451.	0	25,332.	15,759.	1,742.	245,285.	
	(ii)	0	0	0	0	0	0	
8 WARD-DAHL, TAMARA L VICE PRESIDENT, ADMIN AND HUMA	(i)	193,953.	0	23,073.	14,768.	12,079.	243,873.	
	(ii)	0	0	0	0	0	0	
9 ZAKREWSKY, COLLEEN VICE PRESIDENT, DEVELOPMENT	(i)	199,966.	0	15,422.	15,191.	9,109.	239,689.	
	(ii)	0	0	0	0	0	0	
10 BUHENDWA, LEO COUNTRY DIRECTOR, LESOTHO	(i)	93,508.	0	132,781.	6,546.	6,326.	239,160.	
	(ii)	0	0	0	0	0	0	
11 LEE, STEPHEN PROGRAM DIRECTOR, PREVENTION,	(i)	197,797.	0	17,249.	13,335.	5,829.	234,210.	
	(ii)	0	0	0	0	0	0	
12 SAVOSNICK, PETER COUNTRY DIRECTOR, KENYA	(i)	124,794.	0	89,647.	9,447.	7,944.	231,832.	
	(ii)	0	0	0	0	0	0	
13 HORNER, DOUGLAS VICE PRESIDENT, AWARDS AND COM	(i)	182,300.	0	14,788.	14,214.	13,336.	224,638.	
	(ii)	0	0	0	0	0	0	
14 MORALES, FERNANDO COUNTRY DIRECTOR, MOZAMBIQUE	(i)	105,121.	0	104,841.	6,746.	5,879.	222,587.	
	(ii)	0	0	0	0	0	0	
15 VAN'T PAD BOSCH, JEROEN COUNTRY DIRECTOR, TANZANIA	(i)	113,732.	0	92,196.	7,961.	8,174.	222,063.	
	(ii)	0	0	0	0	0	0	
16 MICHAELS-STRASSER, SUSAN COUNTRY DIRECTOR, ZAMBIA	(i)	86,490.	0	108,201.	7,652.	14,246.	216,589.	
	(ii)	0	0	0	0	0	0	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PENNIMAN, ELIZABETH VICE PRESIDENT, PUBLIC POLICY	(i)	126,143.	0	62,976.	2,539.	6,424.	198,082.	
	(ii)	0	0	0				
2 MAHOMVA, AGNES COUNTRY DIRECTOR, ZIMBABWE	(i)	178,418.	0	0	11,529.	3,125.	193,072.	
	(ii)	0	0	0				
3 MAHDI, MOHAMMED COUNTRY DIRECTOR, SWAZILAND	(i)	106,036.	0	62,425.	7,423.	5,891.	181,775.	
	(ii)	0	0	0				
4 VAN ZYL, CORNELIA COUNTRY DIRECTOR, RWANDA	(i)	105,005.	0	65,592.	1,235.	5,876.	177,707.	
	(ii)	0	0	0				
5 BUONO, NICOLE COUNTRY DIRECTOR, MALAWI	(i)	122,778.	0	31,447.	9,451.	11,869.	175,546.	
	(ii)	0	0	0				
6 ALONS-KEHUS, CATHERIEN SENIOR COUNTRY OFF, MOZAMBIQUE	(i)	97,659.	0	134,125.	6,836.	10,634.	249,253.	
	(ii)	0	0	0				
7 SILVER, ADAM C. DIRECTOR OF INTERNATIONAL OPER	(i)	88,520.	0	113,585.	7,102.	14,153.	223,361.	
	(ii)	0	0	0				
8 VAN DE VEN, ROLAND TECHNICAL DIRECTOR, TANZANIA	(i)	91,003.	0	114,856.	6,370.	5,599.	217,827.	
	(ii)	0	0	0				
9 BOON, ALEXANDRE ASSOCIATE TECHNICAL DIRECTOR,	(i)	83,286.	0	123,774.		5,407.	212,467.	
	(ii)	0	0	0				
10 FOWLER, RANDOLF INTERNAL AUDITOR	(i)	151,836.	0	23,572.	11,941.	13,336.	200,685.	
	(ii)	0	0	0				
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

## SUPPLEMENTAL COMPENSATION INFORMATION

PART I, QUESTION 1A - THE FOUNDATION PAYS FOR THE HOUSING OF ALL OF ITS US EXPATRIATES AND THIRD-COUNTRY NATIONALS LIVING AND WORKING IN SUB-SAHARAN AFRICA. THESE AMOUNTS ARE INCLUDED IN COLUMN III OF SCHEDULE J, PART II ABOVE. THESE INDIVIDUALS ARE: PHILIP O'BRIEN, CATHERIEN ALONS-KEHUS, ADAM SILVER, JEROEN VAN'T PAD BOSCH, LEOPOLD BUHENDWA, ROLAND VAN DE VEN, FERNANDO MORALES, SUSAN MICHAELS-STRASSER, ALEXANDRE BOON, MOHAMMED MAHDI, CORNELIA VAN ZYL, AND NICOLE BUONO.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	3.	22,586.	COST OR SELLING PRIC
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		66.	33,547.	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

**Part II** **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
FOOD ITEMS FOR SPECIAL EV	X	40.	580.	COST/SELLING PRICE
GIFT CERTIFICATES	X	25.	25,000.	COST/SELLING PRICE
AIRLINE MILES	X	1.	7,967.	COST/SELLING PRICE
TOTALS		<u>66.</u>	<u>33,547.</u>	

**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.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

THE FOUNDATION'S OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S  
COMMUNICATIONS, EDUCATION, AND OUTREACH EFFORTS.

ADDITIONAL FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

ZAMBIA

ZIMBABWE

DEMOCRATIC REPUBLIC OF CONGO

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, QUESTION 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 CONTROLLER. THE CEO, VP OF HR  
AND ADMINISTRATION, AND CONTROLLER OF THE FOUNDATION ALSO MET WITH THE  
AUDIT COMMITTEE OF THE BOARD OF DIRECTORS TO REVIEW AND APPROVE THE 990  
PRIOR TO ITS ISSUANCE. FINALLY, COPIES WERE FORWARDED TO ALL MEMBERS OF  
THE BOARD OF DIRECTORS PRIOR TO ISSUANCE.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

MEMBERS OF THE FOUNDATION'S GOVERNING BODY AS WELL AS FOUNDATION STAFF

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

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

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN  
FORM 990, PART VI, QUESTION 15A

IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE FOUNDATION HAS IN THE PAST ENGAGED A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NOT-FOR-PROFIT COMMUNITY AND HAS ENGAGED AN OUTSIDE ATTORNEY TO PROVIDE FURTHER GUIDANCE REGARDING THE PROPOSED COMPENSATION PACKAGE. IN THE CURRENT YEAR, THE FOUNDATION REVIEWED INDEPENDENT SURVEY DATA LOOKING AT OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE AND REVISITED THE DATA OBTAINED FROM THE AFOREMENTIONED EXECUTIVE RECRUITER FOR USE AS A BENCHMARK. BASED ON THAT DATA, THE 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



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

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.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTION 15B

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

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

RESOURCES AND ADMINISTRATION.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC  
FORM 990, PART VI, QUESTION 19  
THE FOUNDATION MAKES ITS ANNUAL, AUDITED FINANCIAL STATEMENTS AS WELL  
ITS IRS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE,  
HTTP://WWW.PEDAIDS.ORG. BECAUSE THE FOUNDATION CONSIDERS ITS CONFLICT OF  
INTEREST POLICY AND GOVERNING DOCUMENTS TO BE PROPRIETARY INFORMATION,  
HOWEVER, THE FOUNDATION DOES NOT MAKE THOSE SPECIFIC POLICIES AVAILABLE  
TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, QUESTION 9

UNREALIZED GAIN/ (LOSS) ON INVESTMENTS = \$16,517

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF), WHICH  
OPERATES IN 15 COUNTRIES AND AT MORE THAN 5,500 SITES AROUND THE  
WORLD, IS A GLOBAL LEADER IN THE FIGHT TO ELIMINATE PEDIATRIC HIV AND  
AIDS AND HAS REACHED MORE THAN 16 MILLION WOMEN WITH SERVICES TO  
PREVENT TRANSMISSION OF HIV TO THEIR BABIES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PUBLIC POLICY AND ADVOCACY: THE FOUNDATION'S COMMITMENT TO PUBLIC  
POLICY AND ADVOCACY HAS PRODUCED REAL VICTORIES FOR CHILDREN.

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

ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

COTE D'IVOIRE (IVORY COAST)

KENYA

LESOTHO

MALAWI

MOZAMBIQUE

RWANDA

SWAZILAND

SWITZERLAND

TANZANIA

UGANDA

ATTACHMENT 4

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

ATTACHMENT 4 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE GEORGE WASHINGTON UNIVERSITY 2300 EYE STREET, NW WASHINGTON, DC 20037	PROGRAM SERV SUPPORT	512,964.
ERNST & YOUNG LLP 8484 WESTPARK DRIVE MC LEAN, VA 22102	AUDIT SERVICES	290,025.
BLUE STATE DIGITAL 406 7TH STREET, NW WASHINGTON, DC 20004	PROF FUNDRAISER	249,717.
PARTY PLANNERS WEST, INC. 5440 MCCONNELL AVENUE LOS ANGELES, CA 90066	SPECIAL EVENT PLAN	229,390.
RICHARD MARLINK 103 N. NORTON AVENUE LOS ANGELES, CA 90004	PROGRAM SERV SUPPORT	154,116.

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	1,530,217.
TOTAL	<u>1,530,217.</u>