

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning , **2015**, and ending , **20**

| | | | | | | |
|--|--|----------------------------------|------------|--|---|--------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ELTON JOHN AIDS FOUNDATION, INC | | | | D Employer identification number 58-2033460 | |
| | Doing Business As | | | | E Telephone number (212) 219-0670 | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | | | |
| | 584 BROADWAY STE 906 | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012 | | | | G Gross receipts \$ 13,395,857. | | |
| F Name and address of principal officer: SCOTT CAMPBELL 584 BROADWAY NEW YORK NY 10012 | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | If "No," attach a list. (see instructions) | | |
| I 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 | | J Website: ▶ WWW.EJAF.ORG | | | | H(c) Group exemption number ▶ |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | L Year of formation: 1992 | | M State of legal domicile: GA |

Part I Summary

| | | | | |
|---|---|-----------|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE ELTON JOHN AIDS FOUNDATION (EJAF) WORKS TO ACHIEVE AN AIDS-FREE GENERATION THROUGH INNOVATIVE HIV PREVENTION PROGRAMS. | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | | 12. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 11. |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | | 4. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | 90. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | | 10,623,077. | 12,229,859. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 56,333. | 42,247. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | -1,353,966. | -1,064,539. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 9,325,444. | 11,207,567. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 6,823,900. | 9,896,500. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 632,579. | 662,989. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 330,066. | | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,055,758. | 1,839,488. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 9,512,237. | 12,398,977. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | -186,793. | -1,191,410. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | | 10,560,255. | 11,312,023. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | | 1,353,116. | 3,396,294. |
| | | | 9,207,139. | 7,915,729. |

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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.

| | | | | | |
|--|--|-------------------------|------------|---|-----------|
| Sign Here | ▶ Signature of officer | | Date | | |
| | M. MICHELE BURNS Type or print name and title | | TREASURER | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MICHELE N MELCHIOR | | 12/14/2016 | | P00488037 |
| | Firm's name ▶ GRANT THORNTON LLP | Firm's EIN ▶ 36-6055558 | | Phone no. 704-632-3500 | |
| Firm's address ▶ 201 S. COLLEGE STREET, STE 2500 CHARLOTTE, NC 28244 | | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ 10,694,784. including grants of \$ 8,856,500.) (Revenue \$)

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

4b (Code:) (Expenses \$ 1,040,000. including grants of \$ 1,040,000.) (Revenue \$)

THE ELTON JOHN AIDS FOUNDATION AWARDED \$1,040,000 TO ORGANIZATIONS WITH HIV/AIDS RELATED PROGRAMS CONDUCTED OUTSIDE THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.

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

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

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

4e Total program service expenses 11,734,784.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | X | |
| 3 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 |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | | X |
| 7 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 |
| 8 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 |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 10 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 |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | X | |
| 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 |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | | X |
| 12a 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 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 |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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 | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | X | |
| 19 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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 |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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 |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 722.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8, 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 CA, FL, GA, NY, PA,
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, address, and telephone number of the person who possesses the organization's books and records:

SCOTT CAMPBELL 584 BROADWAY, SUITE 906 NEW YORK, NY 10012

212-219-0670

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) SCOTT P. CAMPBELL EXECUTIVE DIRECTOR | 60.00 0. | X | | X | | | | 325,000. | 0. | 27,998. |
| (2) SIR ELTON JOHN FOUNDER | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (3) DAVID FURNISH CHAIRMAN | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (4) M. MICHELE BURNS TREASURER | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (5) BARRON SEGAR SECRETARY | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (6) ANNE ASLETT EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (7) EDWINA BARBIS EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (8) BILLIE JEAN KING EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (9) ILANA KLOSS EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (10) SARAH MCMULLEN EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) THOMAS E MOORE III EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) JOHN SCOTT EXECUTIVE BOARD MEMBER | 4.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) MATTHEW BLINSTRUBAS DIRECTOR OF GRANTS | 45.00 0. | | | | | X | | 102,000. | 0. | 15,197. |
| (14) | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|---|----------------------|---------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 9,130,692. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 55,084. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,044,083. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 360,600. | | | | |
| | h Total. Add lines 1a-1f | | | 12,229,859. | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 0. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | | 42,247. | | | 42,247. |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0. | | | |
| | 5 Royalties | | | 28,215. | | | 28,215. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | 0. | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | 0. | | | |
| | 8a Gross income from fundraising events (not including \$ <u>9,130,692.</u> of contributions reported on line 1c). See Part IV, line 18 | a | 1,095,536. | | | | |
| | b Less: direct expenses | b | 2,188,290. | | | | |
| | c Net income or (loss) from fundraising events | | | -1,092,754. | | | -1,092,754. |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | 0. | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 0. | | | | |
| 12 Total revenue. See instructions. | | | 11,207,567. | | | -1,022,292. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,856,500. | 8,856,500. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,040,000. | 1,040,000. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 352,997. | 176,498. | 70,600. | 105,899. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 232,963. | 107,261. | 67,824. | 57,878. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,347. | 2,674. | 1,069. | 1,604. |
| 9 Other employee benefits | 40,860. | 20,430. | 8,172. | 12,258. |
| 10 Payroll taxes | 30,822. | 15,412. | 6,164. | 9,246. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 37,018. | 8,514. | 26,283. | 2,221. |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 10,182. | | 10,182. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 197,798. | 167,513. | 27,385. | 2,900. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 188,001. | 13,868. | 62,708. | 111,425. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 97,358. | 77,886. | 19,472. | |
| 17 Travel | 0. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 88,782. | 62,147. | | 26,635. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 5,298. | | 5,298. | |
| 23 Insurance | 16,867. | | 16,867. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PUBLIC EDUCATION ADVOCACY | 547,072. | 547,072. | | |
| b COMMUNICATIONS & MARKETING | 401,595. | 401,595. | | |
| c GREATER THAN AIDS GRANT EXP | 187,302. | 187,302. | | |
| d DEVELOPMENT - GENERAL | 50,112. | 50,112. | | |
| e All other expenses | 12,103. | | 12,103. | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,398,977. | 11,734,784. | 334,127. | 330,066. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,932,894. | 1 | 1,645,320. |
| | 2 Savings and temporary cash investments | 1,000,369. | 2 | 677,524. |
| | 3 Pledges and grants receivable, net | 76,346. | 3 | 437,513. |
| | 4 Accounts receivable, net | 0. | 4 | 0. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 56,415. | 7 | 56,415. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 342,586. | 9 | 141,914. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 90,122. | | |
| | b Less: accumulated depreciation | 10b 77,795. | 14,629. | 10c 12,327. |
| | 11 Investments - publicly traded securities | 7,137,016. | 11 | 8,341,010. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 0. | 15 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 10,560,255. | 16 | 11,312,023. | |
| Liabilities | 17 Accounts payable and accrued expenses | 80,777. | 17 | 269,881. |
| | 18 Grants payable | 65,783. | 18 | 2,125,000. |
| | 19 Deferred revenue | 1,206,556. | 19 | 1,001,413. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 0. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,353,116. | 26 | 3,396,294. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 9,061,870. | 27 | 7,915,729. |
| | 28 Temporarily restricted net assets | 145,269. | 28 | 0. |
| | 29 Permanently restricted net assets | 0. | 29 | 0. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 9,207,139. | 33 | 7,915,729. |
| 34 Total liabilities and net assets/fund balances | 10,560,255. | 34 | 11,312,023. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,207,567. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,398,977. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,191,410. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 9,207,139. |
| 5 | Net unrealized gains (losses) on investments | 5 | 0. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -100,000. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7,915,729. |

Part XII Financial Statements and Reporting

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

- 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 |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

| | |
|--|---|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|--|---|

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 63.87 % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | 60.62 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.18 % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | 1.32 % |

- 19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11 a | |
| b A family member of a person described in (a) above? | 11 b | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | 11 c | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|---|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|--------------------|-------------------|-----------------|-------------------|-----------------|-------------------|-------------------|
| FUNDRAISING EVENTS | 1,189,750. | 971,768. | 1,038,564. | 998,349. | 1,095,536. | 5,293,967. |
| TOTALS | <u>1,189,750.</u> | <u>971,768.</u> | <u>1,038,564.</u> | <u>998,349.</u> | <u>1,095,536.</u> | <u>5,293,967.</u> |

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

| | |
|--|---|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|--|---|

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ | \$ 123,415. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ | \$ 31,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 7 | _____ | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | _____ | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | _____ | \$ 29,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | _____ | \$ 98,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | _____ | \$ 121,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 13 | _____ _____ _____ | \$ 24,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | _____ _____ _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | _____ _____ _____ | \$ 21,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | _____ _____ _____ | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 19 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | _____ | \$ 12,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 25 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | _____ | \$ 24,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | _____ | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 31 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | _____ | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 37 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | _____ | \$ 155,980. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 43 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | _____ | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | _____ | \$ 46,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 49 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | _____ | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 55 | | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 61 | | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | | \$ 9,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | | \$ 24,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 67 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | _____ | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | _____ | \$ 26,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 73 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | _____ | \$ 24,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 79 | _____ | \$ 8,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | _____ | \$ 800,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | _____ | \$ 46,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 85 | _____ | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | _____ | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | _____ | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 91 | _____ | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | _____ | \$ 26,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 97 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | _____ | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | _____ | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | _____ | \$ 235,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | _____ | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 103 | _____ | \$ 96,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | _____ | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 108 | _____ | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 109 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 110 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 111 | _____ | \$ 139,850. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 112 | _____ | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 113 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 114 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 115 | _____ | \$ 149,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 116 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 117 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 118 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 119 | _____ | \$ 21,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 120 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization ELTON JOHN AIDS FOUNDATION, INC

Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 121 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 122 | | \$ 24,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 123 | | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 124 | | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 125 | | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 126 | | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 127 | | \$ 9,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 128 | | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 129 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 130 | | \$ 95,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 131 | | \$ 31,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 132 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 133 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 134 | _____ | \$ 9,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 135 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 136 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 137 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 138 | _____ | \$ 232,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 139 | _____ _____ _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 140 | _____ _____ _____ | \$ 21,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 141 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 142 | _____ _____ _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 143 | _____ _____ _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 144 | _____ _____ _____ | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 145 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 146 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 147 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 148 | _____ | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 149 | _____ | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 150 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 151 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 152 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 153 | _____ | \$ 9,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 154 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 155 | _____ | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 156 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 157 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 158 | _____ | \$ 32,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 159 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 160 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 161 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 162 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 163 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 164 | _____ | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 165 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 166 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 167 | _____ | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 168 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 169 | | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 170 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 171 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 172 | | \$ 44,965. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 173 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 174 | | \$ 24,650. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 175 | _____ | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 176 | _____ | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 177 | _____ | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 178 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 179 | _____ | \$ 96,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 180 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 181 | | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 182 | | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 183 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 184 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 185 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 186 | | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 187 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 188 | _____ | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 189 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 190 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 191 | _____ | \$ 145,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 192 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 193 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 194 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 195 | _____ | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 196 | _____ | \$ 13,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 197 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 198 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization ELTON JOHN AIDS FOUNDATION, INC

Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 199 | | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 200 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 201 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 202 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 203 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 204 | | \$ 21,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 205 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 206 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 207 | _____ | \$ 19,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 208 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 209 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 210 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization ELTON JOHN AIDS FOUNDATION, INC

Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 211 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 212 | | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 213 | | \$ 19,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 214 | | \$ 26,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 215 | | \$ 128,938. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 216 | | \$ 135,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 217 | _____ | \$ 8,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 218 | _____ | \$ 28,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 219 | _____ | \$ 20,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 220 | _____ | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 221 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 222 | _____ | \$ 90,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 223 | _____ | \$ 19,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 224 | _____ | \$ 24,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 225 | _____ | \$ 142,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 226 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 227 | _____ | \$ 10,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 228 | _____ | \$ 220,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 229 | _____ | \$ 53,335. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 230 | _____ | \$ 18,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 231 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 232 | _____ | \$ 225,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 233 | _____ | \$ 821,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 234 | _____ | \$ 132,515. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 235 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 236 | _____ | \$ 14,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 237 | _____ | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 238 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 239 | _____ | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 240 | _____ | \$ 30,350. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 241 | _____ | \$ 8,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 242 | _____ | \$ 26,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 243 | _____ | \$ 34,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 244 | _____ | \$ 8,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 245 | _____ | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 246 | _____ | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 247 | _____ | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 248 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 249 | _____ | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 250 | _____ | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 251 | _____ | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 252 | _____ | \$ 19,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 253 | _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 254 | _____ | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 255 | _____ | \$ 223,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 256 | _____ | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 257 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 258 | _____ | \$ 81,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 259 | _____ | \$ 67,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 260 | _____ | \$ 10,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 261 | _____ | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 262 | _____ | \$ 93,980. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 263 | _____ | \$ 59,650. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 264 | _____ | \$ 129,973. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 265 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 266 | | \$ 49,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 267 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 268 | | \$ 51,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 269 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 270 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 271 | _____ | \$ 12,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 272 | _____ | \$ 328,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 273 | _____ | \$ 11,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 274 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 275 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 276 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 277 | _____ | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 278 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 279 | _____ | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 280 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 281 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 282 | _____ | \$ 19,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 283 | _____ | \$ 24,980. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 284 | _____ | \$ 24,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 285 | _____ | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 286 | _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 287 | _____ | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 288 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 289 | _____ _____ _____ | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 290 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 291 | _____ _____ _____ | \$ 21,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 292 | _____ _____ _____ | \$ 19,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 293 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 294 | _____ _____ _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 295 | _____ | \$ 19,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 296 | _____ | \$ 19,965. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 297 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 298 | _____ | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 299 | _____ | \$ 22,865. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 300 | _____ | \$ 18,938. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization ELTON JOHN AIDS FOUNDATION, INC

Employer identification number
58-2033460**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 |
|------------|-----------------------------------|----------------------------|---|
| 301 | | \$ 6,475. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 302 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 303 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 304 | | \$ 34,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 305 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 306 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 307 | _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 308 | _____ | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 309 | _____ | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 310 | _____ | \$ 9,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 311 | _____ | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 312 | _____ | \$ 89,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 313 | _____ | \$ 32,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 314 | _____ | \$ 11,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 315 | _____ | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 316 | _____ | \$ 51,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 317 | _____ | \$ 71,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 318 | _____ | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 319 | _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

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 |
|---------------------------|---|--|----------------------|
| 3 | ART - WORKS OF ART _____ _____ _____ | \$ 18,000. | 02/24/2015 |
| 52 | ART - WORKS OF ART _____ _____ _____ | \$ 35,000. | 11/04/2015 |
| 81 | ART - WORKS OF ART _____ _____ _____ | \$ 46,000. | 02/23/2015 |
| 102 | ART - WORKS OF ART _____ _____ _____ | \$ 75,000. | 11/04/2015 |
| 176 | ART - WORKS OF ART _____ _____ _____ | \$ 7,500. | 11/02/2015 |
| 177 | OTHER _____ _____ _____ | \$ 15,000. | 12/31/2015 |

Name of organization ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

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 |
|---------------------------|---|--|----------------------|
| 273 | OTHER _____ _____ _____ | \$ 11,000. | 11/30/2015 |
| 282 | OTHER _____ _____ _____ | \$ 19,000. | 03/16/2015 |
| 289 | ART - WORKS OF ART _____ _____ _____ | \$ 15,000. | 12/31/2015 |
| 292 | OTHER _____ _____ _____ | \$ 19,100. | 11/04/2015 |
| 308 | ART - WORKS OF ART _____ _____ _____ | \$ 100,000. | 11/01/2015 |
| _____ | _____ _____ _____ | \$ _____ | _____ |

Name of organization **ELTON JOHN AIDS FOUNDATION, INC**

Employer identification number
58-2033460

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 |
| _____ _____ _____ | _____ _____ _____ |

| (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 |
| _____ _____ _____ | _____ _____ _____ |

| (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 |
| _____ _____ _____ | _____ _____ _____ |

| (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 |
| _____ _____ _____ | _____ _____ _____ |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ELTON JOHN AIDS FOUNDATION, INC

58-2033460

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 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 in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 Revenue 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) 2015

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | |

2. Liability for uncertain tax positions. 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.

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

| | | | | |
|---|--|-----------|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 13,479,412. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 183,555. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -100,000. | |
| e | Add lines 2a through 2d | 2e | | 83,555. |
| 3 | Subtract line 2e from line 1 | 3 | | 13,395,857. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | -2,188,290. | |
| c | Add lines 4a and 4b | 4c | | -2,188,290. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | | 11,207,567. |

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

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

| | | | | |
|---|---|-----------|------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 14,770,822. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 183,555. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 2,188,290. | |
| e | Add lines 2a through 2d | 2e | | 2,371,845. |
| 3 | Subtract line 2e from line 1 | 3 | | 12,398,977. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | | 12,398,977. |

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAX UNDER COMPARABLE PROVISIONS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION DOES NOT HAVE ANY INCOME, WHICH IT BELIEVES WOULD SUBJECT IT TO UNRELATED BUSINESS INCOME TAXES.

THE FOUNDATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING TOPIC FOR INCOME TAXES, WHICH PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX PROVISIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS. THE FOUNDATION RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED IN THE FUTURE. THE FOUNDATION DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. THERE ARE NO TAX EXAMINATIONS CURRENTLY PENDING.

RECONCILIATION OF REVENUE WITH AFS

SCHEDULE D, PART XI, LINE 2D

OTHER - (\$100,000)

RETURN OF 2012 CONTRIBUTION

SCHEDULE D, PART XI, LINE 4B

Part XIII Supplemental Information *(continued)*

FUNDRAISING EVENT EXPENSES RECLASS - (\$2,188,290)

RECONCILIATION OF EXPENSES WITH AFS

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EVENT EXPENSES RECLASS - (\$2,188,290)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 |
|---|-------------------------------------|--|---|--|--|
| (1) NORTH AMERICA | | | GRANTMAKING | N/A | 165,000. |
| (2) CENTRAL AMERICA/CARIBBEAN | | | GRANTMAKING | N/A | 75,000. |
| (3) EUROPE | | | GRANTMAKING | N/A | 800,000. |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 1,040,000. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 1,040,000. |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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) | | | NORTH AMERICA | CRIMINAL LAW | 50,000. | | | | |
| (2) | | | EUROPE/ICELAND/GREENLAND | HIV/AIDS REL | 800,000. | | | | |
| (3) | | | NORTH AMERICA | FINDING A SA | 40,000. | | | | |
| (4) | | | CENT. AMERICA/CARIBBEAN | ACCESS TO HI | 75,000. | | | | |
| (5) | | | NORTH AMERICA | EXAMINING PR | 75,000. | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **5.**

3 Enter total number of other organizations or entities.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* 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).

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

ELTON JOHN AIDS FOUNDATION, INC. REGULARLY EVALUATES ITS GRANT-MAKING PRIORITIES WITHIN THE CONTEXT OF THE EVER-CHANGING CHALLENGES AND NEEDS OF THE EVOLVING HIV/AIDS EPIDEMIC, TARGETING ITS GRANT AWARDS WHERE THEY WILL MAKE THE GREATEST IMPACT. ELTON JOHN AIDS FOUNDATION, INC. HAS EXPANDED NOT ONLY THE AMOUNT OF MONEY GIVEN BUT ALSO STRATEGICALLY TARGETED KEY POPULATIONS THAT ARE POORLY SERVED BY CURRENT PREVENTION EFFORTS AND MOST AT RISK OF INFECTION INCLUDING: CRITICALLY UNDER-FUNDED COMMUNITIES OF THE SOUTHERN UNITED STATES, THE CARIBBEAN, AND LATIN AMERICA. ELTON JOHN AIDS FOUNDATION, INC. REQUIRES THE SUBMISSION OF INTERIM AND FINAL REPORT FROM ALL ORGANIZATIONS RECEIVING FUNDING. ADDITIONALLY, THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN-PERSON MEETINGS WITH GRANTEEES TO ASSESS THEIR PROGRESS.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

Part I

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

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

- a** Mail solicitations
- 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 | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

- 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.** 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 provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AFRAM SOUTH, INC. 13 ARLINGTON ROAD MONTGOMERY, AL 36105 | 20-4664249 | 501(C)(3) | 25,000. | | | | USING A CBPR APPROAC |
| (2) AFRICA SCHOOLHOUSE 1158 26TH ST.#427 SANTA MONICA, CA 90403 | 20-5955367 | 501(C)(3) | 10,000. | | | | LGBT RIGHTS AND EVEN |
| (3) AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222 | 58-1727755 | 501(C)(3) | 100,000. | | | | EMPOWER ADVOCATES TO |
| (4) AIDS COMMUNITY RESEARCH INITIATIVE OF AMERI 575 EIGHTH AVE, STE 502 NEW YORK, NY 10018 | 13-3632234 | 501(C)(3) | 50,000. | | | | HIV ADVOCACY, EDUCAT |
| (5) AIDS PROJECT WORCESTER, INC. 85 GREEN ST. WORCESTER, MA 01604 | 04-2970467 | 501(C)(3) | 20,000. | | | | SYRINGE ACCESS PROGR |
| (6) AIDS RESOURCE CENTER OF WISCONSIN 820 N. PLANKINTON AVE. MILWAUKEE, WI 53203 | 39-1534049 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (7) AIDS RESOURCE CENTER OHIO, INC. 4400 N HIGH ST,STE 300 COLUMBUS, OH 43214 | 31-1126780 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (8) AIDS UNITED 1424 K STREET NW WASHINGTON, DC 20005 | 52-1706646 | 501(C)(3) | 300,000. | | | | GENERAL OPERATING SU |
| (9) ALAMO AREA RESOURCE CENTER 303 N. FRIO SAN ANTONIO, TX 78207 | 74-2583211 | 501(C)(3) | 75,000. | | | | THE SAN ANTONIO LGBT |
| (10) ALASKAN AIDS ASSISTANCE ASSOCIATION 1057 W. FD,STE 102 ANCHORAGE, AK 99503 | 92-0113788 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (11) ASSOCIATION OF NURSES IN AIDS CARE 3538 RIDGEWOOD RD AKRON, OH 44333 | 58-1849791 | 501(C)(3) | 50,000. | | | | MOBILIZING NURSES TO |
| (12) ATLANTA HARM REDUCTION COALITION, INC. P.O. BOX 92670 ATLANTA, GA 30314-0670 | 58-2227958 | 501(C)(3) | 62,000. | | | | SYRINGE ACCESS PROGR |

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

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58-2033460

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AUSTIN HARM REDUCTION COALITION P.O. BOX 13482 AUSTIN, TX 78711 | 74-2752554 | 501(C)(3) | 60,000. | | | | SYRINGE ACCESS PROGR |
| (2) BIG BEND CARES 2201 S. MONROE ST TALLAHASSEE, FL 32301 | 59-2816580 | 501(C)(3) | 40,000. | | | | BLACK MSM HIV TESTIN |
| (3) BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233 | 63-0948495 | 501(C)(3) | 50,000. | | | | MAGIC CITY ACCEPTANC |
| (4) BORDER AIDS PARTNERSHIP 333 N. OREGON, 2ND FLOOR EL PASO, TX 79901 | 20-5385547 | 501(C)(3) | 65,000. | | | | SYRINGE ACCESS PROGR |
| (5) CAMC HEALTH SYSTEMS, INC. 3110 MACCORKLE SE CHARLESTON, WV 25304 | 55-0753754 | 501(C)(3) | 50,000. | | | | CAMC RYAN WHITE PROG |
| (6) CASA RUBY 2822 GEORGIA AVENUE NW WASHINGTON, DC 20001 | 34-1978347 | 501(C)(3) | 25,000. | | | | TRANS LIFE CENTER |
| (7) CASA RUBY 2822 GEORGIA AVENUE NW WASHINGTON, DC 20001 | 34-1978347 | 501(C)(3) | 80,000. | | | | TRANS LIFE CENTER |
| (8) CASA SEGURA HEPPAC P.O. BOX 7522 OAKLAND, CA 94601 | 94-3205535 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (9) CENTER FOR HEALTH JUSTICE 900 AVILA ST,#301 LOS ANGELES, CA 90012 | 42-1605887 | 501(C)(3) | 75,000. | | | | TAKING BACK OUR POWE |
| (10) CENTRAL LOUISIANA AIDS SUPPORT CENTER 1785 JACKSON STREET ALEXANDRIA, LA 71301 | 72-1097079 | 501(C)(3) | 40,000. | | | | FREE PREVENTION TEST |
| (11) CHAPIN HALL 1313 EAST 60TH STREET CHICAGO, IL 60637 | 36-2167012 | 501(C)(3) | 100,000. | | | | VOICES OF YOUTH COUN |
| (12) CHICAGO RECOVERY ALLIANCE 3110 W. TAYLOR ST. CHICAGO, IL 60612 | 36-3809778 | 501(C)(3) | 75,000. | | | | SYRINGE ACCESS PROGR |

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVENUE BOSTON, MA 02127 | 31-1580204 | 501(C)(3) | 20,000. | | | | BUILDING CAPACITY AN |
| (2) COASTAL BEND WELLNESS FOUNDATION 5633 S STAPLES CORPUS CHRISTI, TX 78411 | 74-2429518 | 501(C)(3) | 60,000. | | | | OUTYOUTH |
| (3) COLORADO NONPROFIT DEVELOPMENT CENTER DBA H 231 E. COLFAX AVE. DENVER, CO 80203 | 84-1493585 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (4) COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT STREET DETROIT, MI 48226 | 38-2704374 | 501(C)(3) | 45,000. | | | | SYRINGE ACCESS PROGR |
| (5) CRIMINAL JUSTICE MINISTRY 941 PARK AVENUE SAINT LOUIS, MO 63104 | 46-2647318 | 501(C)(3) | 60,000. | | | | SYRINGE ACCESS PROGR |
| (6) DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262 | 33-0068583 | 501(C)(3) | 11,000. | | | | GET TESTED COACHELLA |
| (7) DESTINATION TOMORROW, INC. 890 GA. AVE, 2ND FL BRONX, NY 10474 | 80-0259180 | 501(C)(3) | 25,000. | | | | LGBTQ PROGRAMS IN TH |
| (8) DUKE UNIVERSITY BOX 90360 DURHAM, NC 27708 | 56-0532129 | 501(C)(3) | 50,000. | | | | ALLIANCE FOR SOUTHER |
| (9) EMORY UNIVERSITY 1518 CLIFTON ROAD ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 50,000. | | | | CENTER FOR HEALTH OF |
| (10) EQUALITY CALIFORNIA INSTITUTE 202 W STE 3-0130 LOS ANGELES, CA 90012 | 68-0438008 | 501(C)(3) | 200,000. | | | | EQUALITY CALIFORNIA |
| (11) EQUALITY FOUNDATION OF GEORGIA 1530 DEKALB AVENUE ATLANTA, GA 30307 | 58-2346744 | 501(C)(3) | 75,000. | | | | GEORGIA HIV ADVOCACY |
| (12) FAMILIES AND YOUTH, INC. 1320 S. SOLANO LAS CRUCES, NM 88001 | 85-0275762 | 501(C)(3) | 46,200. | | | | SYRINGE ACCESS PROGR |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
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Schedule I (Form 990) (2015)

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**Grants and Other Assistance to Organizations,
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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) FEMINIST WOMEN'S HEALTH CENTER, INC. 1924 CLIFF VALLEY WAY NE ATLANTA, GA 30329 | 58-1273243 | 501(C)(3) | 55,000. | | | | BLACK WOMEN'S WELLNE |
| (2) FOUNDATION FOR A NATIONAL AIDS MONUMENT 9200 SUNSET BLVD WEST HOLLYWOOD, CA 90069 | 46-2791464 | 501(C)(3) | 50,000. | | | | EDUCATION AND COMMUN |
| (3) FREDERIKSTED HEALTH CARE 516 STRAND STREET FREDERIKSTED, VI 01198 | 66-0586667 | 501(C)(3) | 42,050. | | | | SYRINGE ACCESS PROGR |
| (4) FREE STATE LEGAL 231 E. BALTIMORE ST. BALTIMORE, MD 21202 | 26-2174290 | 501(C)(3) | 70,000. | | | | LGBTQ MEDICAL-LEGAL |
| (5) FRIENDS FOR LIFE CORPORATION, 43 N. CLEVELAND STREET MEMPHIS, TN 38104 | 62-1511959 | 501(C)(3) | 75,000. | | | | YOUTH LEADERSHIP IN |
| (6) FUNDERS FOR LGBTQ ISSUES 104 WEST 29TH ST., #804 NEW YORK, NY 10001 | 13-4144494 | 501(C)(3) | 7,500. | | | | GENERAL SUPPORT |
| (7) GARDEN STATE EQUALITY 40 S FULLERTON AVE MONTCLAIR, NJ 07042 | 20-2588166 | 501(C)(3) | 25,000. | | | | TRANSGENDER PEOPLE, |
| (8) GAY MEN'S HEALTH CRISIS (GMHC) 446 W 33RD ST. NEW YORK, NY 10001 | 45-2489069 | 501(C)(3) | 10,000. | | | | DISCRETIONARY |
| (9) GEORGIA AIDS COALITION 1110 E R. SPRING RD ATLANTA, GA 30306 | 58-1852676 | 501(C)(3) | 50,000. | | | | GEORGIA AIDS ADVOCAC |
| (10) GEORGIA STATE UNIVERSITY FOUNDATION P.O. BOX 3995 ATLANTA, GA 30302 | 58-6033185 | 501(C)(3) | 50,000. | | | | THE LINKAGE TO CARE |
| (11) GUIDING RIGHT, INC. 7901 NE 10TH ST, MIDWEST CITY, OK 73110 | 73-1572221 | 501(C)(3) | 50,000. | | | | ?NOT KNOWING IS CONT |
| (12) HARBORPATH WOODFIELD CORP. CTR. CHARLOTTE, NC 28226 | 45-5174402 | 501(C)(3) | 100,000. | | | | HARBORPATH OUTREACH |

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) HARM REDUCTION COALITION 22 W. 27TH ST, 5TH FL NEW YORK, NY 10001 | 94-3204958 | 501(C)(3) | 75,000. | | | | SYRINGE ACCESS PROGR |
| (2) HEALTH FRONTIERS IN TIJUANA (HFIT) P.O. BOX 5771 CHULA VISTA, CA 91912 | 12-1234567 | 501(C)(3) | 54,000. | | | | MIGRANTE SEGURO |
| (3) HEALTH THROUGH WALLS HTW NORTH MIAMI, FL 33181 | 55-0909719 | 501(C)(3) | 50,000. | | | | PRISONERS ON HISPANI |
| (4) HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE NEW YORK, NY 10003 | 13-3104537 | 501(C)(3) | 65,000. | | | | HMI CENTER FOR LGBTQ |
| (5) HIPS 1309 RI AVE, NE #2B WASHINGTON, DC 20018 | 52-1847137 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (6) HIV ALLIANCE 1966 GARDEN AVE. EUGENE, OR 97403 | 93-0963546 | 501(C)(3) | 25,000. | | | | SYRINGE ACCESS PROGR |
| (7) HIV/HCV RESOURCE CENTER 2 BLACKSMITH STREET LEBANON, NH 03766 | 22-3104237 | 501(C)(3) | 5,750. | | | | SYRINGE ACCESS PROGR |
| (8) HOUSING WORKS, INC. 57 W. ST, 2ND FL BROOKLYN, NY 11201 | 13-3584089 | 501(C)(3) | 125,000. | | | | ACTIVISM AND ORGANIZ |
| (9) HOUSING WORKS, INC. 57 W. ST, 2ND FL BROOKLYN, NY 11201 | 13-3584089 | 501(C)(3) | 70,000. | | | | SYRINGE ACCESS PROGR |
| (10) HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN RD. CHICAGO, IL 60613 | 36-2894128 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (11) HUMAN RIGHTS 1640 RI AVE, NW WASHINGTON, DC 20036 | 52-1481896 | 501(C)(3) | 300,000. | | | | CAPACITY-BUILDING & |
| (12) HYACINTH AIDS FOUNDATION 317 G. ST, STE 203 NEW BRUNSWICK, NJ 08901 | 22-2648820 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) IMMIGRATION EQUALITY 40 EX. PL, STE 1300 NEW YORK, NY 10005 | 13-3802711 | 501(C)(3) | 50,000. | | | | ADVOCACY AND FREE LE |
| (2) IMPERIAL COURT OF NEW YORK, INC. PO BOX 613 NEW YORK, NY 10016 | 13-3460157 | 501(C)(3) | 5,500. | | | | SUPPORT FOR ANNUAL F |
| (3) INTERIOR AIDS ASSOCIATION P.O. BOX 71248 FAIRBANKS, AK 99707 | 92-0127274 | 501(C)(3) | 10,000. | | | | SYRINGE ACCESS PROGR |
| (4) JACKSONVILLE AREA SEXUAL 923 PENNIN. PL. JACKSONVILLE, FL 32204 | 59-3284175 | 501(C)(3) | 55,000. | | | | JASMYN PREP ACCESS P |
| (5) KAISER FAMILY FOUNDATION 2400 SAND HILL ROAD MENLO PARK, CA 94025 | 94-6064808 | 501(C)(3) | 150,000. | | | | GREATER THAN AIDS WE |
| (6) KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111 | 43-0967292 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (7) L.A. GAY AND LESBIAN CENTER 1625 NS. BLVD LOS ANGELES, CA 90028-6213 | 95-3567895 | 501(C)(3) | 75,000. | | | | EXPANDING ACCESS TO |
| (8) MEMPHIS GAY AND LESBIAN COMMUNITY 892 S. COOPER ST MEMPHIS, TN 38104 | 62-1398741 | 501(C)(3) | 75,000. | | | | THE MEMPHIS SYNAPSE |
| (9) MIGRANT HEALTH CENTER, INC. CALLE RAMON EMETERIO BETANCES #392 | 66-0427801 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (10) MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PL, JACKSON, MS 39202 | 13-4203234 | 501(C)(3) | 75,000. | | | | MISSISSIPPI MEDICAL- |
| (11) MOVEMENT STRATEGY CENTER 436 14TH STREET OAKLAND, CA 94612 | 20-1037643 | 501(C)(3) | 125,000. | | | | ENSURING HIGH-QUALIT |
| (12) MY BROTHER'S KEEPER, INC. 710 AVIGNON DR. RIDGELAND, MS 39157 | 64-0937314 | 501(C)(3) | 100,000. | | | | BECOMING A HEALTHIER |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) NASHVILLE CARES NASHVILLE CARES NASHVILLE, TN 37204 | 62-1274532 | 501(C)(3) | 55,000. | | | | BROTHERS UNITED NETW |
| (2) NATIONAL ALLIANCE OF STATE AND TERRITORIAL NASTAD WASHINGTON, DC 20001 | 91-1568650 | 501(C)(3) | 60,000. | | | | DRUG USER HEALTH INN |
| (3) NATIONAL BLACK JUSTICE COALITION POST OFFICE BOX 71395 WASHINGTON, DC 20024 | 20-0667808 | 501(C)(3) | 200,000. | | | | BLACK LGBT HEALTH AN |
| (4) NC AIDS ACTION NETWORK BOX 25044 RALIEGH, NC 27611 | 32-0323779 | 501(C)(3) | 50,000. | | | | GAINING RIGHTS THE O |
| (5) NCCI/THE CENTER FOR HIV LAW AND POLICY 65 BROADWAY NEW YORK, NY 10006 | 02-0590588 | 501(C)(3) | 200,000. | | | | POSITIVE JUSTICE & S |
| (6) NEW JERSEY AIDS PARTNERSHIP POST OFFICE BOX 338 MORRISTOWN, NJ 07963 | 22-2281783 | 501(C)(3) | 100,000. | | | | THE NEW JERSEY PREP |
| (7) NEW YORK CITY AIDS MEMORIAL PHAIDON NEW YORK, NY 10014 | 61-1632107 | 501(C)(3) | 50,000. | | | | NYC AIDS MEMORIAL - |
| (8) NORTH CAROLINA HARM REDUCTION COALITION, IN PO BOX 13761 DURHAM, NC 27709 | 20-3452075 | 501(C)(3) | 70,000. | | | | SYRINGE ACCESS PROGR |
| (9) NORTHERN NEVADA HOPES 467 RALSTON ST. RENO, NV 89503 | 86-0865357 | 501(C)(3) | 20,000. | | | | SYRINGE ACCESS PROGR |
| (10) PALSS, INC. 2638 TWO NOTCH ROAD COLUMBIA, SC 29204 | 57-0841427 | 501(C)(3) | 50,000. | | | | EXPANSION OF CLINICA |
| (11) PARTNERS IN HEALTH 800 BOYLESTON STR,STE 1400 | 04-3567502 | 501(C)(3) | 500,000. | | | | DELIVERING INTEGRATE |
| (12) PEOPLE'S HARM REDUCTION ALLIANCE 1415 N.E. 43RD STREET SEATTLE, WA 71104 | 35-2307112 | 501(C)(3) | 75,000. | | | | SYRINGE ACCESS PROGR |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) PHILADELPHIA CENTER 2020 CENT. BLVD SHREVEPORT, LA 71104 | 72-1204252 | 501(C)(3) | 50,000. | | | | ADVANCING HIV/AIDS A |
| (2) POINT DEFIANCE AIDS PROJECT/NASEN NEW ORLEA 3221 ANN. ST. NEW ORLEANS, LA 70115 | 91-1435394 | 501(C)(3) | 20,000. | | | | SYRINGE ACCESS PROGR |
| (3) POINT DEFIANCE AIDS PROJECT-BUYERS CLUB 535 DOCK STREET, SUITE 112 TACOMA, WA 98402 | 91-1435394 | 501(C)(3) | 75,000. | | | | SYRINGE ACCESS PROGR |
| (4) POINT DEFIANCE AIDS PROJECT PROJECT SAFE PO BOX 42016 PHILADELPHIA, PA 19139 | 91-1435394 | 501(C)(3) | 41,000. | | | | SYRINGE ACCESS PROGR |
| (5) POINT DEFIANCE AIDS PROJECTS-SHOT IN THE DA 535 DOCK STREET, SUITE 112 TACOMA, WA 98402 | 91-1435394 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (6) POINT FOUNDATION 5055 W BLVD, STE 501 LOS ANGELES, CA 90036 | 84-1582086 | 501(C)(3) | 105,000. | | | | NON-PROFIT INTERNSHI |
| (7) PORT DEFIANCE AIDS PROJECT/NASEN FRESNO NEE 933 F STREET FRESNO, CA 93706 | 91-1435394 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (8) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 122 BOYLSTON STREET JAMAICA PLAIN, MA 02130 | 04-2103580 | 501(C)(3) | 100,000. | | | | HEALTH CARE RIGHTS E |
| (9) PREVENTION POINT PHILADELPHIA 2913-15 K. AVE PHILADELPHIA, PA 19134 | 23-2663699 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (10) PREVENTION POINT PITTSBURGH 907 WEST ST., 5TH FLR. PITTSBURGH, PA 15221 | 25-1852314 | 501(C)(3) | 70,000. | | | | SYRINGE ACCESS PROGR |
| (11) PROJECT WEBER 122 BENEFIT ST PROVIDENCE, RI 02903 | 46-0964136 | 501(C)(3) | 50,000. | | | | SUPPORTING RHODE ISL |
| (12) PROTEUS FUND PO BOX 1159 BROOKLYN, NY 11238 | 04-3243004 | 501(C)(3) | 75,000. | | | | THIRD WAVE FUND |

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**Grants and Other Assistance to Organizations,
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Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) PUBLIC HEALTH FDN ENTERPRISES, INC. 626 N. ALVARADO LOS ANGELES, CA 90026 | 95-2557063 | 501(C)(3) | 75,000. | | | | SYRINGE ACCESS PROGR |
| (2) SAFE HORIZON 2 LAF. ST, 3RD FL NEW YORK, NY 10007 | 13-2946970 | 501(C)(3) | 30,000. | | | | SYRINGE ACCESS PROGR |
| (3) SANTA FE MOUNTAIN CENTER PO BOX 449 TESUQUE, NM 87574 | 85-0272388 | 501(C)(3) | 30,000. | | | | SYRINGE ACCESS PROGR |
| (4) SELMA AIR 102 CENTRAL PARK PLACE SELMA, AL 36701 | 63-1133272 | 501(C)(3) | 50,000. | | | | MAN UP: A PROGRAM OF |
| (5) SERO PROJECT INC P.O. BOX 1233 MILFORD, PA 18337 | 23-3020962 | 501(C)(3) | 75,000. | | | | SERO PROJECT |
| (6) SISTER LOVE, INC. 3709 BAKERS FERRY ROAD ATLANTA, GA 30310 | 58-2016070 | 501(C)(3) | 50,000. | | | | TLC (TESTING AND LIN |
| (7) SOCIAL AND ENVIRONMENTAL ENTREPRENUERS 2232 E MONTEREY VISTA TUSCON, AZ 85713 | 95-4116679 | 501(C)(3) | 50,000. | | | | NOTHING ABOUT US, WI |
| (8) SOUTH CAROLINA HIV TASK FORCE P.O. BOX 624 COLUMBIA, SC 29202 | 46-5475844 | 501(C)(3) | 25,000. | | | | SOUTH CAROLINA HIV T |
| (9) SOUTH CAROLINA HIV/AIDS COUNCIL 1813 LAUREL STREET COLUMBIA, SC 29201 | 57-0994526 | 501(C)(3) | 50,000. | | | | ELITE SOCIETY OF THE |
| (10) SOUTH JERSEY AGAINST AIDS, INC. (DBA SOUTH 19 GORDON'S ALLEY ATLANTIC CITY, NJ 08401 | 22-2686586 | 501(C)(3) | 30,000. | | | | SYRINGE ACCESS PROGR |
| (11) SOUTHERN AIDS COALITION, INC. P.O. BOX 550249 BIRMINGHAM, AL 35255 | 63-0985623 | 501(C)(3) | 50,000. | | | | STRONGER TOGETHER: C |
| (12) SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVE. TUCSON, AZ 85719 | 86-0864100 | 501(C)(3) | 30,000. | | | | SYRINGE ACCESS PROGR |

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|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SPARK REPRODUCTIVE JUSTICE NOW! 250 GEORGIA AVE SE ATLANTA, GA 30312 | 58-5311018 | 501(C)(3) | 50,000. | | | | FIERCE YOUTH RECLAIM |
| (2) SPECIAL SERVICE FOR GROUPS (SSG) 610 E.C CHASE DR#8 GLENDALE, CA 91205 | 95-1716914 | 501(C)(3) | 75,000. | | | | SURVING PEOPLE UNVEI |
| (3) ST. JAMES INFIRMARY (SJI) 234 EDDY STREET SAN FRANCISCO, CA 94102 | 94-3330568 | 501(C)(3) | 50,000. | | | | SJI & TRANSGENDER GE |
| (4) STAND, INC. 4319 COVINGTON HIGHWAY DECATUR, GA 30035 | 58-2548153 | 501(C)(3) | 100,000. | | | | THE PERSON CENTERED |
| (5) SYLVIA RIVERA LAW PROJECT 147 W. 24TH ST. 5TH FL. NEW YORK, NY 10011 | 81-0640342 | 501(C)(3) | 50,000. | | | | TRANSGENDER HEALTH I |
| (6) THE ATTIC YOUTH CENTER 255 S. 16TH STREET PHILADELPHIA, PA 19102 | 23-3020071 | 501(C)(3) | 50,000. | | | | LGBTQ YOUTH OF COLOR |
| (7) THE BRONX MUSEUM OF ARTS 1040 GRAND CONCOURSE BRONX, NY 10456 | 13-2709368 | 501(C)(3) | 50,000. | | | | ART /AIDS/ THE BRONX |
| (8) THE CHILDREN'S MUSEUM OF INDIANA 3000 N MERI. ST INDIANAPOLIS, IN 46208 | 35-0867985 | 501(C)(3) | 23,500. | | | | RYAN WHITE AND HIV: |
| (9) THE FORTUNE SOCIETY 29-76 N BLVD LONG ISLAND CITY, NY 11101 | 13-2645436 | 501(C)(3) | 25,000. | | | | THE FORTUNE SOCIETY' |
| (10) THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVENUE CLEVELAND, OH 44106 | 23-707-8501 | 501(C)(3) | 40,000. | | | | SYRINGE ACCESS PROGR |
| (11) THE GRAND RAPIDS RED PROJECT (HIV/AIDS SERV 343 ATLAS AVE SE GRAND RAPIDS, MI 49506 | 38-3414580 | 501(C)(3) | 50,000. | | | | SYRINGE ACCESS PROGR |
| (12) THE PORTLAND NEEDLE EXCHANGE PROGRAM 103 INDIA STREET PORTLAND, ME 04101 | 01-6000032 | 501(C)(3) | 18,000. | | | | SYRINGE ACCESS PROGR |

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| (1) THE RED DOOR FOUNDATION 1750 MAD. AVE, STE 600 MEMPHIS, TN 38104 | 27-1379797 | 501(C)(3) | 10,000. | | | | SERVING OURSELVES SY |
| (2) THE RESEARCH FOUNDATION OF SUNY 760 PARKSIDE DRIVE BROOKLYN, NY 11226 | 14-1368361 | 501(C)(3) | 50,000. | | | | HOUSE LIVES MATTER |
| (3) THE THRIVE TRIBE FOUNDATION 1106 N.LA C BLVD. WEST HOLLYWOOD, CA 90069 | 46-4093810 | 501(C)(3) | 25,000. | | | | THRIVE TRIBE ADAP/QA |
| (4) THE WILLIAMS INSTITUTE BOX 951476 LOS ANGELES, CA 90095 | 95-6006143 | 501(C)(3) | 75,000. | | | | HIV CRIMINALIZATION: |
| (5) TIDES CENTER'HOMELESS YOUTH ALLIANCE/ SAN F P.O. BOX 170427 SAN FRANCISCO, CA 94117 | 94-3213100 | 501(C)(3) | 75,000. | | | | SYRINGE ACCESS PROGR |
| (6) TRANSGENDER LAW CENTER 1629 TELE. AVE, STE 400 OAKLAND, CA 94612 | 05-0544006 | 501(C)(3) | 300,000. | | | | POSITIVELY TRANS |
| (7) TREATMENT ACTION GROUP 261 FIFTH AVE., SUITE 2110 | 13-3624785 | 501(C)(3) | 170,000. | | | | RESEARCH TOWARDS A C |
| (8) TRUE COLORS FUND 330 W 38TH ST#405 NEW YORK, NY 10018 | 45-2489069 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| (9) UCSD SCHOOL OF MEDICINE 9500 GILMAN DRIVE, LA JOLLA, CA 92093 | 95-6006144 | 501(C)(3) | 50,000. | | | | ACCESO |
| (10) UNIVERSITY OF PUERTO RICO - MEDICAL SCIENCE P.O. BOX 365067 SAN JUAN, PR 00936-5067 | 66-0433762 | 501(C)(3) | 85,000. | | | | ADDRESSING STIGMA AM |
| (11) URBAN JUSTICE CENTER 123 W ST., FL16 NEW YORK, NY 10038 | 13-3442022 | 501(C)(3) | 50,000. | | | | DOMESTIC - MSM INITI |
| (12) WANDA ALSTON FOUNDATION 300 NEW JERSEY AVE NW WASHINGTON, DC 20001 | 46-3159251 | 501(C)(3) | 35,000. | | | | WANDA ALSTON HOUSE |

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| (1) WOMEN WITH A VISION, INC. 1001 S. BROAD ST. NEW ORLEANS, LA 70125 | 72-1202185 | 501(C)(3) | 100,000. | | | | BLAC (BLACK LGBTQ AC |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 133.

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

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

ELTON JOHN AIDS FOUNDATION, INC. REQUIRES THE SUBMISSION OF THE INTERIM AND FINAL REPORTS FROM ALL ORGANIZATIONS RECEIVING FUNDING.

ADDITIONALLY, THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN-PERSON MEETINGS WITH GRANTEES TO ASSESS THEIR PROGRESS. GRANTS GIVEN TO THE FOLLOWING ORGANIZATIONS ARE MADE WITH THE INTENTION THAT THEY ARE BENEFITING PEOPLE IN SOUTH AFRICA AND THE CARIBBEAN: AID FOR AIDS NEW YORK, NY, AMFAR: THE FOUNDATION FOR AIDS RESERACH, CAREBBEAN BROADCAST MEDIA PARTNERSHIP ON HIV/AIDS INITIATIVE, COLLABORATIVE TREATMENT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PREPAREDNESS, THE U.S. FUND FOR UNICEF, AND TIDES CENTER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Compensation Information

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

58-2033460

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 on 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 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 directors, trustees, and officers, including 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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 |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SCOTT P. CAMPBELL 1 EXECUTIVE DIRECTOR | (i) | 260,000. | 65,000. | 0. | 15,600. | 12,398. | 352,998. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | X | 7 . | 296,500 . | FMV |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ATCH 1) | | 4 . | 64,100 . | |
| 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 |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | 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 |
| 32a 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. | | |

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> |
|--------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| HAWAIIAN VACATION | X | 1. | 15,000. | FMV |
| VACATION | X | 1. | 19,000. | |
| CHAMPAGNE | X | 1. | 11,000. | |
| JEWELRY | X | 1. | 19,100. | |
| TOTALS | | <u>4.</u> | <u>64,100.</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

2015

**Open to Public
Inspection**

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC

Employer identification number

58-2033460

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4

THE ELTON JOHN AIDS FOUNDATION (EJAF) SUPPORTS COMMUNITY-BASED PREVENTION PROGRAMS, HARM REDUCTION PROGRAMS, PUBLIC EDUCATION TO REDUCE THE STIGMA OF HIV/AIDS, ADVOCACY TO IMPROVE AIDS-RELATED PUBLIC POLICY, AND DIRECT SERVICES TO PERSONS LIVING WITH HIV/AIDS, ESPECIALLY POPULATIONS WITH SPECIAL NEEDS. DIRECT SERVICES INCLUDE HIV/AIDS-RELATED MEDICAL AND MENTAL HEALTH TREATMENT, TESTING AND COUNSELING, ASSISTED LIVING, SOCIAL SERVICE COORDINATION, AND LEGAL AID. EJAF WORKS IN COLLABORATION WITH OTHER LIKE-MINDED ORGANIZATIONS TO FUND CUTTING-EDGE, COMMUNITY-CENTERED WORK.

EJAF'S GRANT-MAKING INITIATIVES STRATEGICALLY TARGET KEY REGIONS AND POPULATIONS THAT ARE POORLY SERVED BY CURRENT PREVENTION EFFORTS AND MOST AT RISK OF INFECTION. THE FOUNDATION'S GRANT-MAKING PRIORITIES INCLUDE: CRITICALLY UNDER-FUNDED COMMUNITIES OF (1) THE CARIBBEAN, (2) THE SOUTHERN UNITED STATES AND MAJOR URBAN AREAS ACROSS THE U.S. THAT ARE SIGNIFICANTLY IMPACTED BY HIV/AIDS; HIGHLY IMPACTED POPULATIONS SUCH AS (3) PEOPLE LIVING WITH HIV/AIDS, (4) GAY AND BISEXUAL MEN AND TRANSGENDER INDIVIDUALS, (5) BLACK AMERICANS, (6) PEOPLE WHO INJECT DRUGS, (7) PEOPLE WHO ARE OR HAVE BEEN INCARCERATED, (8) WOMEN AND GIRLS, AND (9) ADOLESCENTS AND YOUNG ADULTS.

FINALLY, MANY OF THE GRANTS AWARDED BY EJAF CAN BE CLASSIFIED UNDER MORE

| | |
|---|--|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|--|

THAN ONE OF THESE PRIORITY AREAS (I.E., LGBT YOUTH, BLACK AMERICANS IN THE RURAL SOUTH, GAY INJECTION DRUG USERS, BLACK GAY MEN, ETC.).

FOR REPORTING PURPOSES, EJAF CATEGORIZES ITS GRANT-MAKING AS DOMESTIC (PROGRAMS CONDUCTED IN THE UNITED STATES) OR INTERNATIONAL (PROGRAMS CONDUCTED IN OUTSIDE THE UNITED STATES).

TOTAL DOMESTIC GRANTS AWARDED: 8,856,500

TOTAL INTERNATIONAL GRANTS AWARDED: 1,040,000

2015 GRANT-MAKING PRIORITIES:

DURING 2015, EJAF AWARDED 139 GRANTS TO THE CHARITABLE ORGANIZATIONS FOR A TOTAL INVESTMENT OF MORE THAN \$9.8 MILLION IN GRANTS FOCUSED ON THE FOLLOWING GOALS:

HEALTH AND WELLNESS: EJAF FUNDS HIV-RELATED SERVICES AND ADVOCACY TO HELP PEOPLE ATTAIN GOOD HEALTH. ACTIVITIES INCLUDE HIV TESTING, LINKING AND RETAINING PATIENTS IN MEDICAL CARE, SYRINGE EXCHANGE SERVICES, ACCESS TO PREP, AND HEALTHCARE POLICY WORK.

RIGHTS: EJAF FUNDS SERVICES, COMMUNITY ORGANIZING, AND ADVOCACY TO HELP PEOPLE PURSUE AND PROTECT THEIR RIGHTS. EXAMPLES INCLUDE EDUCATION ABOUT RIGHTS AND ACTIVISM, AND PROVISION OF LEGAL SERVICES.

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|---|--|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|--|

IMPROVED QUALITY OF LIFE: EJAF FUNDS SERVICES, ORGANIZING, AND ADVOCACY TO HELP PEOPLE BUILD WELCOMING AND DIVERSE COMMUNITIES THAT WORK TO LIFT PEOPLE OUT OF POVERTY AND PROVIDE OPPORTUNITIES FOR SUCCESS. EXAMPLES INCLUDE RE-ENTRY PROGRAMS FOR PRISONERS, LGBT COMMUNITY CENTERS.

RESILIENCE: EJAF FUNDS CAPACITY BUILDING TO STRENGTHEN ORGANIZATIONS AND ACTIVISM ADDRESSING HIV. EXAMPLES INCLUDE GENERAL OPERATING SUPPORT, TRAININGS FOR ADVOCATES AND ORGANIZATIONAL STAFF, AND TRAINING FOR HEALTHCARE PROVIDERS.

EJAF FOCUSES ITS FUNDING EFFORTS TO IMPROVE THE LIVES OF PEOPLE AT GREATEST RISK FOR HIV INFECTION, PRIORITIZING SUPPORT FOR HEALTH PROGRAMMING AND ACTIVISM FOR LGBT PEOPLE, BLACK AMERICANS, HIV-POSITIVE PRISONERS AND PAROLEES, SEX WORKERS, PEOPLE WHO USE DRUGS, WOMEN, AND YOUNG PEOPLE.

1. PEOPLE LIVING WITH HIV ARE CENTRAL TO ALL EFFORTS TO PREVENT, TREAT, AND END HIV. AT LEAST 70 GRANTS SPECIFICALLY SUPPORTING PEOPLE LIVING WITH HIV.

2. GAY AND BISEXUAL MEN AND TRANSGENDER PEOPLE COMPRISE OVER HALF OF ALL PEOPLE INFECTED WITH HIV IN THE U.S. AND A MAJOR PART OF THE EPIDEMIC IN THE CARIBBEAN. AT LEAST 60 GRANTS DELIBERATELY SERVED LGBT PEOPLE.

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|---|--|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|--|

3. BLACK WOMEN AND MEN (I.E. OF AFRICAN AND CARIBBEAN HERITAGE) ACCOUNT FOR NEARLY HALF OF THE HIV EPIDEMIC IN THE U.S. AND NEARLY THE ENTIRE HIV EPIDEMIC IN THE CARIBBEAN. AT LEAST 70 GRANTS DELIBERATED SUPPORTED OR SERVED BLACK AMERICANS.

4. PEOPLE WHO INJECT DRUGS ACCOUNT FOR 12% OF NEW HIV INFECTIONS IN THE UNITED STATES, WITH HALF OF THESE INJECTION DRUG USERS BEING BLACK AMERICANS, ONE THIRD BEING WOMEN, AND ONE THIRD BEING GAY OR BISEXUAL MEN OR TRANSGENDER. 46 GRANTS SPECIFICALLY SUPPORTED THE HEALTH AND RIGHTS OF PEOPLE WHO INJECT DRUGS.

5. PEOPLE WHO ARE OR HAVE BEEN INCARCERATED ARE 14% OF ALL PEOPLE LIVING WITH HIV IN THE UNITED STATES, AND POSSIBLY A SIMILAR PROPORTION IN THE CARIBBEAN. 4 GRANTS DELIBERATELY SUPPORTED PEOPLE WHO ARE OR WERE INCARCERATED.

6. WOMEN AND GIRLS ARE 29% OF ALL PEOPLE LIVING WITH HIV IN THE UNITED STATES, AND HALF OF ALL PEOPLE LIVING WITH HIV IN THE CARIBBEAN. 13 GRANTS DELIBERATELY SUPPORTED WOMEN AND GIRLS.

7. ADOLESCENTS AND YOUNG ADULTS ACCOUNT FOR 20% OF NEW HIV INFECTIONS EVERY YEAR IN THE UNITED STATES AND OVER HALF OF NEW INFECTIONS IN THE CARIBBEAN. 26 GRANTS SUPPORTED ADOLESCENTS AND YOUNG ADULTS.

EJAF FOLLOWS THE EVIDENCE ABOUT WHERE HIV PREVALENCE IS HIGH AND TARGETS

| | |
|---|--|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|--|

ITS INVESTMENTS TO THOSE LOCATIONS AS A WAY TO FOCUS ITS GRANT MAKING AND INCREASE ITS POTENTIAL IMPACT. IN THE AMERICAS, THE UNITED STATES AND THE CARIBBEAN BOTH HAVE SIGNIFICANT HIV EPIDEMICS. HAITI, THE SOUTHERN U.S., AND MAJOR U.S. URBAN CENTERS ALL FACE HIGH RATES OF HIV AND HAVE GREAT POTENTIAL FOR PROGRESS AGAINST THE VIRUS.

THE CARIBBEAN: EJAF FOCUSED INVESTMENTS ON HAITI, THE DOMINICAN REPUBLIC, JAMAICA, AND PUERTO RICO.

CANADA: EJAF INVESTS AND IS OPEN TO INVESTING PROGRAMS ACROSS PRIORITIES IN CANADA. IN 2015, EJAF AWARDED 3 GRANTS TO ORGANIZATIONS WORKING IN CANADA.

LATIN AMERICA: IN 2015, EJAF AWARDED TWO GRANTS TO ORGANIZATIONS WORKING IN MEXICO.

THE UNITED STATES: THE MAJORITY OF EJAF'S ANNUAL GRANT MAKING IS INVESTED IN COMMUNITIES IN THE UNITED STATES HIGHLY IMPACTED BY HIV. IN 2015, EJAF AWARDED \$7.4 MILLION IN GRANTS FOR LOCAL COMMUNITY ORGANIZATIONS AND NATIONAL PROGRAMS ACROSS ALL THEMATIC PRIORITY AREAS.

BUSINESS OR FAMILY RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

ELTON JOHN AND DAVID FURNISH HAVE A FAMILY RELATIONSHIP

FORM 990 REVIEW PROCESS

| | |
|---|--|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|--|

FORM 990, PART VI, SECTION B, LINE 11B - REVIEW OF FORM 990

THE FORM 990 IS REVIEWED BY THE FOUNDATION'S TREASURER AND PROVIDED TO THE BOARD BEFORE FILING.

CONFLICTS OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

YES. ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST DOCUMENT, THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

PROCESS OF DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

COMPENSATION FOR THE FOUNDATION'S EXECUTIVE DIRECTOR WAS INITIALLY DETERMINED THROUGH THE FIELD REVIEW AND ANALYSIS CONDUCTED BY MERCER CONSULTING. ONGOING REVIEW OF SAID COMPENSATION IS CONDUCTED BY THE BOARD TREASURER, BOARD CHAIRMAN AND OTHER MEMBERS OF THE EXECUTIVE BOARD.

OTHER CHANGES OF NET ASSETS AND FUND BALANCES

FORM 990, PART XI, LINE 9

OTHER CHANGES - (\$100,000)

RETURN OF 2012 CONTRIBUTION

AMENDED RETURN

ELTON JOHN AIDS FOUNDATION HAS AMENDED THIS RETURN TO CORRECT CLERICAL ERRORS IN THE NARRATIVES PROVIDED FOR PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS.

| | |
|---|--|
| Name of the organization ELTON JOHN AIDS FOUNDATION, INC | Employer identification number 58-2033460 |
|---|--|

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

THE MISSION OF THE ELTON JOHN AIDS FOUNDATION (EJAF) IS TO END THE AIDS EPIDEMIC BY ENSURING EVERYONE HAS THE INFORMATION AND MEANS TO PREVENT INFECTION AND ALL PEOPLE LIVING WITH HIV HAVE ACCESS TO HIGH-QUALITY MEDICAL CARE AND TREATMENT ACROSS THE UNITED STATES, THE AMERICAS, AND THE CARIBBEAN.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| AAB PRODUCTIONS, INC. 64 ALLEN STREET, 5TH FLOOR NEW YORK, NY 10002 | EVENT COORDINATOR | 136,000. |
| WEST WING WRITERS 1150 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036 | CONSULTING | 120,000. |
| THE FREMONT CENTER P.O. BOX 41 FREMONT CENTER, NY 12736 | CONSULTING | 111,725. |
| BERLIN ROSEN, LTD 15 MAIDEN LANE, SUITE 1600 NEW YORK, NY 10038 | CONSULTING | 108,000. |