

EXTENDED TO NOVEMBER 15, 2019

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2018**

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminating event <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>58-2033460</b>
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>212-219-0670</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10012</b>		<b>G</b> Gross receipts <b>15,476,022.</b>
<b>F</b> Name and address of principal officer: <b>ANNE ASLETT</b> <b>SAME AS C ABOVE</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.EJAF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ELTON JOHN AIDS FOUNDATION (EJAF) WORKS TO ACHIEVE AN AIDS-FREE GENERATION THROUGH INNOVATIVE</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>90</b>
	<b>7</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>17,550,376.</b> <b>Prior Year</b> <b>14,354,220.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>79,358.</b> <b>194,376.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-2,421,331.</b> <b>-1,614,782.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>15,208,403.</b> <b>12,933,814.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>10,268,559.</b> <b>3,100,325.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>699,789.</b> <b>908,960.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>409,933.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>2,019,436.</b> <b>2,159,476.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>12,987,784.</b> <b>6,168,761.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>2,220,619.</b> <b>6,765,053.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>14,274,301.</b> <b>Beginning of Current Year</b> <b>23,604,963.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>3,491,106.</b> <b>5,972,420.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>10,783,195.</b> <b>17,632,543.</b>

**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.

DocuSigned by: **Anne Aslett** 5/17/2020

<b>Sign Here</b>	<b>Anne Aslett</b> Signature of officer	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL BURKE</b>	Preparer's signature <b>MICHAEL BURKE</b>
	Firm's name ▶ <b>UHY ADVISORS NY, INC.</b>	Firm's EIN ▶ <b>14-1555429</b>
	Firm's address ▶ <b>1185 AVENUE OF THE AMERICAS, 38TH FLOOR NEW YORK, NY 10036</b>	Phone no. (212) <b>381-4700</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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 \$ 5,131,591. including grants of \$ 3,100,325. ) (Revenue \$ )

THE ELTON JOHN AIDS FOUNDATION AWARDED \$3,100,325 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 \$ including grants of \$ ) (Revenue \$ )

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

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

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

4e Total program service expenses 5,131,591.

**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 Schedule B, Schedule of Contributors?	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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>		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
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	

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
25b		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? If "Yes," complete Schedule L, Part II		X
26		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? If "Yes," complete Schedule L, Part III		X
27		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? If "Yes," complete Schedule L, Part IV		X
28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b		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? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
30	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		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? If "Yes," complete Schedule R, Part I		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a		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)? If "Yes," complete Schedule R, Part V, line 2		
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		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? If "Yes," complete Schedule R, Part VI		X
37		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	
38	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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a		70
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		5
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		10a
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		11a
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		13a
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**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**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, FL, GA, IL, NY, PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶ ANNE ASLETT - 212-219-0670**  
**584 BROADWAY, SUITE 906, NEW YORK, NY 10012**

**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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
  - 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 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 CAMPBELL EXECUTIVE DIRECTOR (RESIGNED 11/5/18)	40.00	X		X				281,349.	0.	29,270.
(2) SIR ELTON JOHN FOUNDER (RESIGNED 11/5/18)	1.00	X		X				0.	0.	0.
(3) DAVID FURNISH CHAIRMAN	1.00	X		X				0.	0.	0.
(4) LYNDY FONKE DEPUTY CHAIR	1.00	X		X				0.	0.	0.
(5) TRACY BLACKWELL TREASURER	1.00	X		X				0.	0.	0.
(6) RICHARD REGER SECRETARY	1.00	X		X				0.	0.	0.
(7) MARK DYBUL EXECUTIVE BOARD MEMBER	1.00	X						0.	0.	0.
(8) THOMAS E. MOORE III EXECUTIVE BOARD MEMBER	1.00	X						0.	0.	0.
(9) ILANA KLOSS EXECUTIVE BOARD MEMBER	1.00	X						0.	0.	0.
(10) SAMUEL BARON SEGAR EXECUTIVE BOARD MEMBER	1.00	X						0.	0.	0.
(11) MATTHEW BLINSTRUBAS DIRECTOR OF GRANTS	40.00				X			100,206.	0.	16,820.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>1b Sub-total</b>							381,555.	0.	46,090.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							381,555.	0.	46,090.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AAB PRODUCTIONS, INC., 64 ALLEN STREET, 5TH FLOOR, NEW YORK, NY 10002	EVENT COORDINATION	206,000.
BERLIN ROSEN, LTD., 15 MAIDEN LANE, SUITE 1600, NEW YORK, NY 10038	PUBLIC RELATIONS	144,500.
THE FREMONT CENTER PO BOX 41, FREMONT CENTER, NY 12736	GRANT MAKING CONSULTING	116,625.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	1a				
	<b>b</b> Membership dues	1b				
	<b>c</b> Fundraising events	1c 9,484,297.				
	<b>d</b> Related organizations	1d				
	<b>e</b> Government grants (contributions)	1e				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f 4,869,923.				
	<b>g</b> Noncash contributions included in lines 1a-1f	875,925.				
	<b>h Total. Add lines 1a-1f</b>	14,354,220.				
	<b>Program Service Revenue</b>	<b>2 a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total. Add lines 2a-2f</b>						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		199,376.		199,376.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		15,591.		15,591.	
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		5,000.		
		<b>b</b> Less: cost or other basis and sales expenses		5,000.		
		<b>c</b> Gain or (loss)		-5,000.		
	<b>d</b> Net gain or (loss)		-5,000.		5,000.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 9,484,297. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	861,835.			
		<b>b</b> Less: direct expenses	2,492,208.			
<b>c</b> Net income or (loss) from fundraising events		1,630,373.			-1,630,373.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>	<b>a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See Instructions</b>		12,533,614.	0.	0.	-1,420,406.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,100,325.	3,100,325.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	310,619.	149,097.	74,549.	86,973.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	496,139.	238,147.	119,073.	138,919.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,443.	4,053.	2,026.	2,364.
<b>9</b> Other employee benefits	47,867.	22,976.	11,488.	13,403.
<b>10</b> Payroll taxes	45,892.	22,028.	11,014.	12,850.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	24,645.	5,668.	17,498.	1,479.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	14,829.		14,829.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	158,945.	151,985.	6,012.	948.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	443,637.	12,286.	304,119.	127,232.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	128,989.	103,191.	25,798.	
<b>17</b> Travel	246,993.	218,783.	2,445.	25,765.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	9,749.		9,749.	
<b>23</b> Insurance	17,639.		17,639.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLIC EDUCATION ADVOCA	623,052.	623,052.		
<b>b</b> COMMUNICATIONS & MARKET	475,000.	475,000.		
<b>c</b> LICENSES AND FEES	10,998.		10,998.	
<b>d</b> GRANT MAKING/PROGR DEV	5,000.	5,000.		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,168,761.	5,131,591.	627,237.	409,933.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check box  if following SDP 58-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing	1,792,429.	1	5,126,909.
	<b>2</b> Savings and temporary cash investments	4,155,789.	2	1,941,243.
	<b>3</b> Pledges and grants receivable, net	1,140,000.	3	1,671,361.
	<b>4</b> Accounts receivable, net		4	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	<b>7</b> Notes and loans receivable, net	56,415.	7	56,415.
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	278,183.	9	421,504.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 145,864.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 99,748.		
	<b>11</b> Investments - publicly traded securities	3,485.	<b>10c</b>	46,116.
	<b>12</b> Investments - other securities. See Part IV, line 11	6,798,000.	11	14,341,415.
	<b>13</b> Investments - program-related. See Part IV, line 11		12	
	<b>14</b> Intangible assets		13	
<b>15</b> Other assets. See Part IV, line 11	50,000.	14	0.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	14,274,301.	15	23,604,963.	
Liabilities	<b>17</b> Accounts payable and accrued expenses	182,095.	16	547,681.
	<b>18</b> Grants payable	2,390,621.	17	3,822,635.
	<b>19</b> Deferred revenue	918,390.	18	1,558,406.
	<b>20</b> Tax-exempt bond liabilities		19	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		22	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		23	
	<b>25</b> Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	24	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	3,491,106.	25	43,698.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		26	5,972,420.
	<b>27</b> Unrestricted net assets	8,783,195.	27	13,640,655.
	<b>28</b> Temporarily restricted net assets	2,000,000.	28	3,991,888.
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
<b>33</b> <b>Total net assets or fund balances</b>	10,783,195.	33	17,632,543.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	14,274,301.	34	23,604,963.	

**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	12,933,814.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,168,761.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,765,053.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,783,195.
5	Net unrealized gains (losses) on investments	5	84,295.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,632,543.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 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.  
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2018**  
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 12, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13</b> 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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a</b> <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b</b> <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10673077.	12229859.	11192693.	17550376.	14354220.	66000225.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	10673077.	12229859.	11192693.	17550376.	14354220.	66000225.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	269,000.	514,938.	664,400.	3522400.	3845500.	8816238.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1423996.	2457348.	2927087.	3087877.	2822776.	12719084.
<b>c</b> Add lines 7a and 7b	1692996.	2972286.	3591487.	6610277.	6668276.	21535322.
<b>8 Public support.</b> (Subtract line 7c from line 6)						44464903.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 8	10673077.	12229859.	11192693.	17550376.	14354220.	66000225.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	160,398.	70,462.	138,347.	92,211.	214,967.	676,385.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	160,398.	70,462.	138,347.	92,211.	214,967.	676,385.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	998,349.	1095536.	1545007.	952,550.	861,835.	5453277.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	11831824.	13395857.	12876047.	18595137.	15431022.	72129887.

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	61.65 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	65.03 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	.94 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	1.13 %

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</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? 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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

**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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	Discount claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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	<b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	<b>Total</b> of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

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

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**

**FUNDRAISING EVENTS**

2014 AMOUNT: \$ 998,349.

2015 AMOUNT: \$ 1,095,536.

2016 AMOUNT: \$ 1,545,007.

2017 AMOUNT: \$ 952,550.

2018 AMOUNT: \$ 861,835.

Multiple horizontal lines for providing additional information.







**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 foundationCheck 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 totalling \$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 Part I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totalling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules **doesn't** 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)



Name of organization

Employer identification number

ELTON JOHN AIDS FOUNDATION, INC.

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	60 HUDSON OWNER, ROBERT GETREU COLLIERS TRI-STATE MANAGEMENT, 666 FIFTH AVENUE, 4TH FLOOR  NEW YORK, NY 10103	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MARIA ADONYEVA FLAT 21L, CADOGAN GARDENS, LONDON, UNITED KINGDOM SW3 2RW	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AG FOUNDATION, AGNES GUND 765 PARK AVENUE, #14B, NEW YORK, NY 10021	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AILEEN GETTY FOUNDATION, 5390 KIBTZKE LANE, SUITE 202, RENO, NV 89511	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TIM AND JANE ALLEN 11500 HART STREET, NORTH HOLLYWOOD, CA 91605	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DAVID ALLRED P.O. BOX 70, MILL VALLEY, CA 94942	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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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
7	CARLOS ALVES DE BRITO AND MS. BELINDA LOUISE DIACUI BADCOCK  2 DEER PARK MEADOW ROAD,  GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	A-ZLEM A-NAL YILDIZ POSTA CAD NO. 52 D, PLAZA GAYRETTEPE  ISTANBUL, TURKEY 34349	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PHOEBE BALSON  1514 SORRENTO DRIVE,  PACIFIC PALISADES, CA 90272	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CANDICE BAR  717 WEST OLYMPIC BOULEVARD, APT. 2506  LOS ANGELES, CA 90015	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BBVA COMPASS, JENNIFER KELLY DOMINQUINI  HOUSTON TOWER, 2200 POST OAK BOULEVARD  HOUSTON, TX 77056	\$ 443,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	BENJAMIN DAVID GEORGE TRUST, KENNETH BOWLING  1736 COLUMBIA ROAD NW, APT. 207,  WASHINGTON, DC 20009-1231	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ELTON JOHN AIDS FOUNDATION, INC.

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	BERNIE TAUPIN AND DANIEL CROSBY 2905 ROUNDUP ROAD, SANTA YNEZ, CA 93460	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	BERNIE TAUPIN AND DANIEL CROSBY 2905 ROUNDUP ROAD, SANTA YNEZ, CA 93460	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	RICHARD BERNSLEY 76 BONIFACE DRIVE, SUITE 10, PINE BUSH, NY 12566	\$ 34,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	BESPOK PARIS, LOUISE ALINO 584 BROADWAY, STE 906 NEW YORK, NY 10012	\$ 10,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BILLIE JEAN KING AND NADIA LEE COHEN NADIA LEE COHEN: 1600 1/4 GOLDEN GATE AVENUE, LOS ANGELES, CA 90026	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	BLOOMBERG PHILANTHROPIES, ALLISON JAFFIN 25 EAST 78TH STREET, NEW YORK, NY 10075	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JOSEPH BLOUNT 1510 WEST 23RD STREET, MIAMI BEACH, FL 33140	\$ 85,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BLUEFISH, STEVE SIMS 8033 WEST SUNSET BOULEVARD, SUITE 259, LOS ANGELES, CA 90046	\$ 218,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DAVID BONDERMAN 301 COMMERCE STREET, SUITE 3300, FORT WORTH, TX 76102	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CAROL BOVE 6 BAY STREET, 2ND FLOOR, BROOKLYN, NY 11231	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CONNIE BRITTON 200 PARK AVENUE SOUTH, NEW YORK, NY 10003	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	WILLIAM AND MARY NELL BROWNING 2200 WILLOWICK ROAD, APT. 15C, HOUSTON, TX 77027	\$ 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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25	<u>RANDY AND NANCY BRUNET</u> <u>446 ROSA AVENUE,</u> <u>METAIRIE, LA 70005</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>ANDREW AND LIZ BUTCHER</u> <u>1225 MESA ROAD,</u> <u>SANTA BARBARA, CA 93108</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>BULGARI CORPORATION OF AMERICA, MS.</u> <u>ELISABETTA MARRA</u> <u>555 MADISON AVENUE, 9TH FLOOR,</u> <u>NEW YORK, NY 10022</u>	\$ <u>399,770.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>BULGARI</u> <u>LUNGOTEVERE MARZIO, 11,</u> <u>ROME, ITALY 00186</u>	\$ <u>100,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>BULGARI</u> <u>LUNGOTEVERE MARZIO, 11,</u> <u>ROME, ITALY 00186</u>	\$ <u>6,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>BULGARI</u> <u>LUNGOTEVERE MARZIO, 11,</u> <u>ROME, ITALY 00186</u>	\$ <u>97,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	BULGARI CORPORATION OF AMERICA, TAYLOR MOORE 555 MADISON AVENUE, 9TH FLOOR, NEW YORK, NY 10022	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	CALVIN KLEIN FAMILY FOUNDATION, CALVIN KLEIN 1620 26TH STREET, SUITE 1040 NORTH, SANTA MONICA, CA 90404	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	DONALD CAPOCCIA AND TOMMIE PEGUES 45 GREAT JONES STREET, PH, NEW YORK, NY 10012	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	SATJIV CHAHIL AND VERAMARIA KLINGBELS 961 LOS ALTOS AVENUE, LOS ALTOS, CA 94022	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	R. MARTIN CHAVEZ 400 WEST 12TH STREET, TH6, NEW YORK, NY 10014	\$ 66,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	CHICAGO MEDIA PROJECT, PAULA M. FROEHLER 301 WEST GRAND AVENUE, BOX 170, CHICAGO, IL 60654	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	CHRIS LEVINE UNIT 407, COCOA BUILDING, BISCUIT FACTORY, 100 DRUMMOND ROAD  LONDON, SE16 4DG, UNITED KINGDOM	\$ 150,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	CHRIS LEVINE UNIT 407, COCOA BUILDING, BISCUIT FACTORY, 100 DRUMMOND ROAD  LONDON, SE16 4DG, UNITED KINGDOM	\$ 60,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	STAN CHRISTENSEN  6270 STONERIDGE MALL ROAD, APT. C103  PLEASANTON, CA 94588	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	JAMES COLEMAN  40 WEST 57TH STREET, 20TH FLOOR  NEW YORK, NY 10019	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	CHRIS COLFER  21650 OXNARD STREET, SUITE 350,  WOODLAND HILLS, CA 91367	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	JOAN COONEY  810 FIFTH AVENUE,  NEW YORK, NY 10065	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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43	<u>MORGAN COX</u> <u>3338 BLACKBURN STREET,</u> <u>DALLAS, TX 75204</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<u>DANIEL AND ALYSSA CROSBY</u> <u>839 RANCHO ROAD,</u> <u>THOUSAND OAKS, CA 91362</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<u>MILEY CYRUS</u> <u>700 12TH AVENUE SOUTH, UNIT 201</u> <u>NASHVILLE, TN 37203</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<u>DART FOUNDATION, ARLENE DART</u> <u>500 HOGSBACK ROAD,</u> <u>MASON, MI 48854</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<u>DART GROUP FOUNDATION INC, MICHAEL LESSER AND JANELL MARTIN</u> <u>1025 THOMAS JEFFERSON STREET NW, SUITE 700 EAST</u> <u>WASHINGTON, DC 20007</u>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<u>DAVID LACHAPELLE</u> <u>PO BOX 6917</u> <u>PORTLAND, OR 97228</u>	\$ <u>30,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



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49	EVELYN DE ROTHSCHILD AND LADY LYNN FORESTER DE ROTHSCHILD  ST. SWITHIN'S LANE,  LONDON, UNITED KINGDOM EC4P 4DU	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	JEFFREY DENNIC  1644 PALMCROFT WAY SW,  PHOENIX, AZ 85007	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	DANIEL DEVOS AND PAMELLA ROLLAND  600 STEKETEE ROAD NE,  ADA, MI 49301	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	MICHAEL DI GIROLAMO AND CRAIG YOUNG  6424 IVARENE AVENUE,  LOS ANGELES, CA 90068	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	WILLIAM AND CINDEE DIETZ  1564 PORTIA ROAD,  GRAYSLAKE, IL 60030	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	DOUGLAS ELLIMAN REAL ESTATE, SUSAN DE FRANA  712 FIFTH AVENUE,  NEW YORK, NY 10019	\$ 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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55	TRACEY EMIN ONE TENTER GROUND, WHITECHAPEL LONDON, UNITED KINGDOM E1 7NH	\$ 10,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	ROLAND EMMERICH 1445 NORTH STANLEY AVENUE, 3RD FLOOR, LOS ANGELES, CA 90046	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	EMPLOYMENT PRACTICES GROUP, JULIE MOORE 8 RICE STREET, SUITE 201, WELLESLEY HILLS, MA 02481	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	JAMES EPSTEIN AND THOMAS HESS 115 WALNUT STREET, APT. 802, PHILADELPHIA, PA 19106	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	ESTEE LAUDER INC., JOHN DEMSEY 767 FIFTH AVENUE, NEW YORK, NY 10153	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	ED FINGER 2900 WEST DALLAS STREET, APT. 212, HOUSTON, TX 77019	\$ 43,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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61	<b>FIORE FINANCIAL CORPORATION, FRANK GIUSTRA</b> 595 BURRARD STREET VANCOUVER, CANADA V7X 1J1	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<b>FIRST CLASS TRIPS LLC, MAXIM CHERENSHCHIKOV AND SVETLANA GHINJUL</b> 890 SEA ISLAND LANE, SAN MATEO, CA 94404	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<b>EDWINA FITZMAURICE</b> 16 EAGLE COURT, WHITE PLAINS, NY 10605	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<b>FONDATION LILY SAFRA, LILY SAFRA</b> C/O SAFRA S.A., RUE DU RHNE 92 1204 GENVE, SWITZERLAND	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<b>DIANA FONG</b> 104 WEST 70TH ST., APT. 7E NEW YORK, NY 10023	\$ 72,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<b>FORD FOUNDATION, DARREN WALKER</b> 1440 BROADWAY, 19TH FLOOR, NEW YORK, NY 10018	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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67	FOUNDATION FOR BROTHERHOOD, JON MARCHESE  906 MOSSBRIDGE COURT,  PLEASANT HILL, CA 94523	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	VIRGINA FOUT AND MICHAEL WHETSTONE  742 SOUTH CLOVERDALE AVENUE,  LOS ANGELES, CA 90036	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	KEITH FOX AND THOMAS KEYS  132 CHESTNUT HILL ROAD,  WILTON, CT 06897	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	FRIED, FRANK, HARRIS, SHRIVER, AND JACOBSON, MICHAEL J. WERNER  ONE NEW YORK PLAZA,  NEW YORK, NY 10004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	G HEALTH GLOBAL, SERHAT GUMRUKCU, M.D. SERAPH MEDICAL, 2080 CENTURY PARK EAST, SUITE 710  LOS ANGELES, CA 90067	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	GALERIE URSULA KRINZINGER, URSULA KRINZINGER  SEILERSTTTE 16,  1010 VIENNA, AUSTRIA	\$ 9,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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73	<u>ROY GALVAN</u> <u>AVENIDA SANTA CRUZ DE BEZANA, 32,</u> <u>39100 SANTA CRUZ DE BEZANA, CANTABRIA,</u> <u>SPAIN</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<u>PAIGE GESUALDO AND LAURA GILLIS</u> <u>6610 LELAND AVENUE,</u> <u>LOS ANGELES, CA 90028</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<u>GILEAD SCIENCES, INC., KORAB ZUKA</u> <u>333 LAKESIDE DRIVE,</u> <u>FOSTER CITY, CA 94404</u>	\$ <u>3,170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<u>GLOBAL HOLDINGS MANAGEMENT GROUP (US)</u> <u>INC., MELANIE DYBZINSKI</u> <u>1250 BROADWAY, 38TH FLOOR,</u> <u>NEW YORK, NY 10001</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<u>GOLDMAN SACHS GIVES</u> <u>P.O. BOX 15203,</u> <u>ALBANY, NY 12212</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<u>PEYMAN GRAVORI</u> <u>16350 VENTURA BOULEVARD, UNIT D-569,</u> <u>ENCINO, CA 91436</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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79	TODD GRAVORI 16311 VENTURA BOULEVARD, SUITE 1065, ENCINO, CA 91436	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	GREENWOOD GAMING & ENTERTAINMENT, BOB MANOUKIAN 3001 STREET ROAD, SUITE 7031, BENSALEM, PA 19020	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	GREG GORMAN 1351 MILLER DRIVE, LOS ANGELES, CA 90069	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	ALLEN AND DEBORAH GRUBMAN 903 PARK AVENUE, NEW YORK, NY 10075	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	GUCCI AMERICA INC., COURTNEY POWELL GUCCI AMERICA, INC., 195 BROADWAY, 14TH FLOOR NEW YORK, NY 10007	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	H. VAN AMERINGEN FOUNDATION, HENRY VAN AMERINGEN 37 WEST 12TH STREET, APT. 11E, NEW YORK, NY 10011	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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85	CHRIS HARDWICK 1920 HILLHURST AVENUE, #514, LOS ANGELES, CA 90027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	W. DAVID HARDY 4627 47TH STREET NW, WASHINGTON, DC 20016	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	HATT ET SONER 10 AVENUE DES COMTE DE CHAMPAGNE, 51130 BERGRES-LES-VERTUS, FRANCE	\$ 53,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	JAMES HEAD 7957 CAPE SAN BLAS ROAD, PORT SAINT JOE, FL 32456	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	WILLIAM HEARST 765 MARKET STREET, UNIT 34D, SAN FRANCISCO, CA 94103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	PATRICIA HEARST SHAW 51 UPPER STATION ROAD, GARRISON, NY 10524	\$ 305,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**ELTON JOHN AIDS FOUNDATION, INC.**

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	HENDON PROPERTIES, CHARLIE AND CYNTHIA HENDON  3445 PEACHTREE ROAD, SUITE 465,  ATLANTA, GA 30326	\$ 66,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	HERB RITTS FOUNDATION  P.O. BOX 1618,  LOS ANGELES, CA 90078	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	HERRICK FEINSTEIN LLP  2 PARK AVENUE,  NEW YORK, NY 10016	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	DAN AND KATE HIGGINS  ONE NORMANDY BOULEVARD,  MORRISTOWN, NJ 07960	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	SCOTT HOFFMAN C/O PS BUSINESS MANAGEMENT, 235 PARK AVENUE SOUTH, 9TH FLOOR  NEW YORK, NY 10003	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	GREGORY HOLT  1399 EAST 27TH STREET,  TULSA, OK 74114	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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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
97	<u>JAMES HORMEL</u> <u>101 MISSION STREET, SUITE 1750,</u> <u>SAN FRANCISCO, CA 94105</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<u>JED HUDSON</u> <u>506 FIRST AVENUE,</u> <u>DALLAS, TX 75226</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<u>HULL FOUNDATION</u> <u>P.O. BOX 5329,</u> <u>MIDLOTHIAN, VA 23112</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<u>GLENN HUTCHINS</u> <u>667 MADISON AVENUE, 15TH FLOOR,</u> <u>NEW YORK, NY 10065</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<u>THOMAS ISLER</u> <u>16945 NORTHCHASE DRIVE, SUITE 1700,</u> <u>HOUSTON, TX 77060</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<u>JACKSON FINE ART, ANNA WALKER SKILLMAN</u> <u>3115 EAST SHADOWLAWN AVENUE NE,</u> <u>ATLANTA, GA 30305</u>	\$ <u>8,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ELTON JOHN AIDS FOUNDATION, INC.

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	DAVID JENSEN 2112 BANYAN DRIVE, LOS ANGELES, CA 90049	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	JOHN R. ECKEL, JR. FOUNDATION, DOUG LAWING 5120 WOODWAY DRIVE, SUITE 6000, HOUSTON, TX 77056	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	PETER JOHNSON 2242 CIRCLE DRIVE, HERMOSA BEACH, CA 90254	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	JON & MINDAY GRAY FAMILY FOUNDATION, JON GRAY 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	LAN JONES 410 BLAKELY ROAD, HAVERFORD, PA 19041	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	JONES LANG LASALLE AMERICA INC. 1111 PASQUINELLI DRIVE, SOUTH 100, WESTMONT, IL 60559	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	JOSEPH B. GOULD FOUNDATION, CAROLYN DIRKS 1801 CENTURY PARK EAST, SUITE 2230, LOS ANGELES, CA 90067	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	JUPITER ISLAND LANDSCAPE, INC., GHADA DERGHAM P.O. BOX 4500, TEQUESTA, FL 33469	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	JVL PROPERTY GROUP, VICTOR LEE 1345 AVENUE OF THE AMERICAS, 2ND FLOOR, NEW YORK, NY 10105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	DONNA KARAN 250 WEST 57TH STREET, 23RD FLOOR, NEW YORK, NY 10107	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	DEBRA KING 209 KING STREET, ENGLEWOOD, NJ 07631	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	KINGSLEY BUSINESS SERVICE, DAVID AND NINA FIALKOW 625 MAIN STREET, MILLIS, MA 02054	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	ANDREW KNIGHT AND BEAU GRATZER C/O OF NORTHERN TRUST COMPANY, 50 SOUTH LASALLE STREET, B3  CHICAGO, IL 60603	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	KOVERT CREATIVE, VICTORIA LADA  665 BROADWAY, SUITE 302,  NEW YORK, NY 10012	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	ROBERT KRAFT  ONE PATRIOT PLACE,  FOXBOROUGH, MA 02035	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	KRAMER LEVIN NAFTALIS & FRANKEL, PAUL D. SELVER  1177 AVENUE OF THE AMERICAS,  NEW YORK, NY 10036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	THOMAS KRANZ  245 STRADA CORTA ROAD,  LOS ANGELES, CA 90077	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	JIM AND JADELYN KWIK  9663 SANTA MONICA BLVD. SUITE 9  BEVERLY HILLS, CA 90210	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	L & N ANDREAS FOUNDATION P.O. BOX 3584, MANKATO, MN 56002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	PIERRE LAGRANGE LANSLOWNE HOUSE FLAT 11, LANSLOWNE ROAD LONDON, UNITED KINGDOM W11 3LP	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	LALIQUE 133 FIFTH AVENUE, NEW YORK, NY 10003	\$ 200,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
124	LAMBDA LEGAL DEFENSE AND EDUCATION FUND, RACHEL B. TIVEN 120 WALL STREET, 19TH FLOOR, NEW YORK, NY 10005	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	MARK LASH 9033 LESLIE STREET, UNIT 8, RICHMOND HILL, CANADA L4B 4K3	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	RONALD AND JO CAROLE LAUDER 707 FIFTH AVENUE, 42ND FLOOR, NEW YORK, NY 10153	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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127	LAUDER FOUNDATION - LEONARD AND JUDY LAUDER FUND, LEONARD LAUDER  767 FIFTH AVENUE, 40TH FLOOR,  NEW YORK, NY 10153	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	SHELLEY LAZAR  2 JACKSON STREET, SUITE 200,  SAN FRANCISCO, CA 94111	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	JASON AND YVONNE LEE  11135 WEDDINGTON STREET, SUITE 450,  NORTH HOLLYWOOD, CA 91601	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	RANDI AND JEFFREY LEVINE  81 BARROW STREET,  NEW YORK, NY 10014	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	JEREMY LINDY  117 CHESTON LANE,  AMBLER, PA 19002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	LOCI, JOHN WISE  1751 PINNACLE DRIVE, SUITE 425,  MC LEAN, VA 22102	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<u>EUGENIO LOPEZ</u> <u>406 DRURY LANE,</u> <u>BEVERLY HILLS, CA 90210</u>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<u>MARIA LOS</u> <u>20 ROCKEFELLER PLAZA,</u> <u>NEW YORK, NY 10020</u>	\$ <u>313,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<u>M&amp;T BANK, GINO A. MARTOCCHI</u> <u>P.O. BOX 767,</u> <u>BUFFALO, NY 14240</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<u>M18, MR. MICHAEL TAVANI</u> <u>36 EAST 12TH STREET, 4TH FLOOR,</u> <u>NEW YORK, NY 10003</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<u>MAC AIDS FUND, NANCY MAHON</u> <u>130 PRINCE STREET,</u> <u>NEW YORK, NY 10012</u>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<u>ALAN MALOUF</u> <u>2959 PACIFIC AVENUE,</u> <u>SAN FRANCISCO, CA 94115</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<u>RAFFY AND JO MANOUKIAN</u> <u>44 SLOANE STREET,</u> <u>LONDON, UNITED KINGDOM SW1X 9LU</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<u>MARCUS GIERS GMBH, MARCUS GIERS</u> <u>JOSEF-GOERRES-PLATZ 2,</u> <u>56068 KOBLENZ, GERMANY</u>	\$ <u>44,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<u>MARIE-JOSE AND HENRY R. KRAVIS</u> <u>FOUNDATION, HENRY R. AND MARIE-JOSE KR</u> <u>C/O KOHLBERG KRAVIS ROBERTS &amp; CO., 9</u> <u>WEST 57TH STREET, SUITE 4200</u> <u>NEW YORK, NY 10019</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<u>CHARLIE MCBREARTY</u> <u>1545 NORTH ORANGE GROVE AVENUE,</u> <u>LOS ANGELES, CA 90046</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<u>ERIC AND JANET MCCORMACK</u> <u>10155 VALLEY SPRING LANE,</u> <u>TOLUCA LAKE, CA 91602</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<u>JEFFREY AND ASHLEY MCDERMOTT</u> <u>765 PARK AVENUE,</u> <u>NEW YORK, NY 10021</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**ELTON JOHN AIDS FOUNDATION, INC.****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	SUZANNE AND PATRICK MCGEE 3000 TURTLE CRSEK BOULEVARD, DALLAS, TX 75219	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	JAY MCINERNEY AND ANNE RANDOLPH HEARST MCINERNEY P.O. BOX 2159, BRIDGEHAMPTON, NY 11932	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	MATTHEW MELLON 795 FIFTH AVENUE, NEW YORK, NY 10065	\$ 233,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	TAMARA MELLON 801 WESTMOUNT DRIVE, WEST HOLLYWOOD, CA 90069	\$ 10,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	MICHAEL MELNICK AND FIN GRAY 6 BOULDER BROOK ROAD, WILTON, CT 06897	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	MERCK ATTENTION: MERCK GRANT PROGRAM, UG3AB-10, 351 NORTH SUMNEYTOWN PIKE NORTH WALES, PA 19454	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	MIDLER FAMILY FOUNDATION, BETTE MIDLER C/O SUSSMAN AND ASSOCIATES, 700 12TH AVENUE SOUTH, SUITE 201  NASHVILLE, TN 37203	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	MILLENNIUM MEDIA, DANIEL BRUCKNER  6423 WILSHIRE BOULEVARD,  LOS ANGELES, CA 90048	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	BYRON MINERD  128 REEF MALL,  MARINA DEL REY, CA 90292	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	ANIL MOHIN  11453 DONA TERESA DRIVE,  STUDIO CITY, CA 91604	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	THOMAS MOORE III AND MARK REYNOLDS  100 WEST 26TH STREET, APT. 27F  NEW YORK, NY 10010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	RUSSELL MORAN AND FIONA PATERSON  81 EVANS STREET  SHENTON PARK, AUSTRALIA 06008	\$ 10,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	MORTIMER AND MIMI LEVITT FOUNDATION, LIZ LEVITT HIRSCH 1910 WEST SUNSET BOULEVARD, SUITE 600,  LOS ANGELES, CA 90026	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	LESLIE MURPHY 2278 VINEYARD ROAD,  NOVATO, CA 94947	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	JAMES NEDERLANDER 1501 BROADWAY, 14TH FLOOR,  NEW YORK, NY 10036	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	NEWMAN'S OWN FOUNDATION, JOANNE WOODWARD AND CLEA NEWMAN ONE MORNINGSIDE DRIVE NORTH,  WESTPORT, CT 06880	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	MICHELLE AND PETER NGUYEN-BROWN 21 WEST END AVENUE, APT. 1111,  NEW YORK, NY 10023	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	NRT NEW YORK LLC CORCORAN SUNSHINE MARKETING GROUP, 660 MADISON AVENUE  NEW YORK, NY 10065	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	DARIN ODUYOYE 247 WEST 46TH STREET, APT. 1203, NEW YORK, NY 10036	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	ONE CONCIERGE, ARMAN MOTIWALLA 3300 N ASHTON BLVD, STE 200 LEHI, UT 84043	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	STEPHEN AND TAMRAH O'NEIL 2330 LAKE OF THE ISLES PARKWAY WEST, MINNEAPOLIS, MN 55405	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	SHARON AND OZZY OSBOURNE 10990 WILSHIRE BOULEVARD, SUITE 800, LOS ANGELES, CA 90024	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	CYDNEY O'SULLIVAN C/O BLUEFISH, 8033 WEST SUNSET BOULEVARD, SUITE 291 LOS ANGELES, CA 90046	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	JOSEPH PACETTI P.O. BOX 25564, DALLAS, TX 75225	\$ 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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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<b>PADDLES</b> <b>107, NORFOLK ST.</b> <b>NEW YORK, NY 10002</b>	\$ <b>47,111.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<b>THOMAS-WALTER AND IRINA PAHLITZSCH</b> <b>STEGLITZER DAMM 128,</b> <b>12169 BERLIN, GERMANY</b>	\$ <b>19,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<b>JOSEPH PAOLINO</b> <b>100 WESTMINSTER STREET,</b> <b>PROVIDENCE, RI 02903</b>	\$ <b>16,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<b>RYAN PEDLOW</b> <b>168 PERRY STREET, APT. 6A,</b> <b>NEW YORK, NY 10014</b>	\$ <b>25,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<b>PERRY ELLIS INTERNATIONAL, VINCENT PANZANELLA</b> <b>1120 AVENUE OF THE AMERICAS, 8TH FLOOR,</b> <b>NEW YORK, NY 10036</b>	\$ <b>31,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<b>PHAMOUS CHARACTERS, SALAH BACHIR</b> <b>102 ATLANTIC AVENUE, SUITE 100,</b> <b>TORONTO, CANADA M6K 1X9</b>	\$ <b>40,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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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
175	<u>BRETT AND JENNIFER PLETCHER</u> <u>25526 CRESTFIELD CIRCLE,</u> <u>CASTRO VALLEY, CA 94552</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<u>POMELLATO, STEPHANE GERSCHEL</u> <u>VIA ANNA NEERA, 37,</u> <u>20141 MILAN, ITALY</u>	\$ <u>5,462.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<u>TAMARA POPA</u> <u>12340 SEAL BEACH BOULEVARD, #111,</u> <u>SEAL BEACH, CA 90740</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<u>PRYOR CASHMAN, DENNIS SUGHRUE</u> <u>7 TIMES SQUARE,</u> <u>NEW YORK, NY 10036</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<u>STEVEN AND ELISABETH QUINN</u> <u>3180 FERNCREST PLACE,</u> <u>THOUSAND OAKS, CA 91362</u>	\$ <u>10,980.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<u>DAVID AND JENNIFER RABINOWITZ</u> <u>186 RIVERSIDE DRIVE, APT. 8F,</u> <u>NEW YORK, NY 10024</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
181	JUSTIN RASHID 596 NORTH ORANGE GROVE BOULEVARD, PASADENA, CA 91103	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	RESTOQUE INTERNATIONAL, GUSTAVO SAVI RUA OTHO 405, 1 ANDAR, VILA LEOPOLDINA SO PAULO, SP, BRAZIL 05313	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	DMITRY RICHIE 1337 NORTH DEARBORN STREET, CHICAGO, IL 60610	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	RICHMOND HILL INVESTMENTS 375 HUDSON STREET, 12TH FLOOR, NEW YORK, NY 10012	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	ROBERT MAPPLETHORPE FOUNDATION, MICHAEL WARD STOUT AND ERIC R. JOHNSON 477 MADISON AVENUE, 15TH FLOOR, NEW YORK, NY 10022	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	PETER ROTH 460 PARK AVENUE, 16TH FLOOR, NEW YORK, NY 10021	\$ 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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ELTON JOHN AIDS FOUNDATION, INC.	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
187	ROB ROTH AND PATRICK MEADE 555 WEST 59TH STREET, APT. 26A, NEW YORK, NY 10019	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	DANIEL AND ELIZABETH ROUTMAN 5036 SENECA DRIVE, DALLAS, TX 75209	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	GUY AND LISA RUFFIN 14805 87TH AVENUE EAST, PUYALLUP, WA 98375	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	CHARLEEN AND KEN SACKS 605 PARK AVENUE, APT. 12B, NEW YORK, NY 10065	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	EUGENE SADOVOY 3100 KINGS COURT, LOS ANGELES, CA 90077	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	SILVER MANAGEMENT 16000 VENTURA BOULEVARD, SUITE 600, ENCINO, CA 91436	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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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
193	DAVID AND STEPHANIE SIMON 28 WYNMOR ROAD, SCARSDALE, NY 10583	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	PAUL SINGER 40 WEST 57TH STREET, NEW YORK, NY 10019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	SKIP MEDIA GMBH, ELISABETH SEREDA SKIP MOVIE MAGAZINE, 510 GRAND BOULEVARD VENICE, CA 90291	\$ 54,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	MICHAEL AND CINDRA SKOTZKO 1442 WHITEHALL PLACE, WESTLAKE VILLAGE, CA 91361	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	DOUGLAS SMITH 6200 BROOKSIDE DRIVE, CHEVY CHASE, MD 20815	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	ROBERT SOROS 250 WEST 55TH STREET, NEW YORK, NY 10019	\$ 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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**ELTON JOHN AIDS FOUNDATION, INC.****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	SOUTHERN GLAZER'S WINE AND SPIRITS CHARITABLE FUND  1600 NW 163RD STREET,  MIAMI, FL 33169	\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	STANFORD UNIVERSITY 3145 PORTER DRIVE, BUILDING F, PAYMENT SERVICES  PALO ALTO, CA 94304	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	STAR ENTERTAINMENT, JAKA BIZILJ  FRIEDRICHSTRAE 125,  10117 BERLIN, GERMANY	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	STARR ASSOCIATES, SAMANTHA SHEEBER  220 EAST 42ND STREET, SUITE 3302,  NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	START MANAGEMENT LLC, VINAY KOLLA  101 HUDSON STREET, SUITE 3705,  JESSEY CITY, NJ 07302	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	EMILY STAVIS AND HARRY POLSTEIN  20 RICE STREET,  NEWTON CENTER, MA 02459	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	STEFERE LIMITED, CORINA LARPIN 86 JERMYN STREET, 5TH FLOOR, LONDON, UNITED KINGDOM SW1Y 6AW	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	BARRY STERNLICHT 591 WEST PUTNAM AVENUE, GREENWICH, CT 06830	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	STEVE TISCH FOUNDATION, STEVE TISCH 655 MADISON AVENUE, 11TH FLOOR, NEW YORK, NY 10065	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	MICHAEL STIPE 165 HUDSON STREET (REAR STORE), NEW YORK, NY 10013	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	JON STRYKER AND SLOBODAN RANDJELOVIC 450 WEST 14TH STREET, 9TH FLOOR, NEW YORK, NY 10014	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	RICHARD AND KATH SUHR 8 LOCHIEL ROAD, KHANDALLAH, WELLINGTON, NEW ZEALAND 06035	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	GORDON SUMNER AND TRUDIE STYLER 250 WEST 57TH STREET, SUITE 1101, NEW YORK, NY 10107	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	CHRISTINE SUPPES 1335 COWPER STREET, PALO ALTO, CA 94301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	WILLIAM SUSMAN 3 EAST 84TH STREET, APT. 9, NEW YORK, NY 10028	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	SYDNEY LAWFORD MCKELVY FAMILY CHARITABLE FUND, MELANIE SCHNOLL BEGUN C/O DRINKER, BIDDLE & REATH, 1177 AVENUE OF THE AMERICAS, 41ST FLOOR NEW YORK, NY 10038	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	HEATHER AND BERNIE TAUPIN 2905 ROUNDUP ROAD, SANTA YNEZ, CA 93460	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	THE AJEMIAN FOUNDATION, ROBERT AJEMIAN THE HAIGANOOSH MENGUSHIAN/AJEMIAN, ROBERT AJEMIAN, GLORIA AJEMIAN AND HRA BLOOMFIELD HILLS, MI 48302	\$ 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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ELTON JOHN AIDS FOUNDATION, INC.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	THE DAVID GEFFEN FOUNDATION, J. DALLAS DISHMAN, PH.D. 12011 SAN VICENTE BOULEVARD, SUITE 606, LOS ANGELES, CA 90049	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	THE DURST ORGANIZATION, ANITA DURST ONE BRYANT PARK, 49TH FLOOR, NEW YORK, NY 10036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	THE ELIZABETH TAYLOR AIDS FOUNDATION, JOEL A. GOLDMAN 9701 WILSHIRE BOULEVARD, SUITE 600, BEVERLY HILLS, CA 90212	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	THE IRVING AND MARJORIE COWAN FAMILY FOUNDATION, IRVING COWAN 3725 SOUTH OCEAN DRIVE, HOLLYWOOD, FL 33019	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	THE JOHNSON FOUNDATION, AMY GOODWIN 417 VINE STREET, UNIT 201, CINCINNATI, OH 45202	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	THE MARILYN AND JEFFREY KATZENBERG FOUNDATION, JEFFREY AND MARILYN KATZEN C/O GONRING/SPAHN, 100 UNIVERSAL PLAZA, BUILDING 5121 UNIVERSAL CITY, CA 91608	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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223	THE MARSHALL MATHERS FOUNDATION, MR. MARSHALL MATHERS C/O HERTZ SCHRAM PC, 1760 SOUTH TELEGRAPH ROAD, SUITE 300  BLOOMFIELD HILLS, MI 48302	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	THE NEW YORK COMMUNITY TRUST ALEX E. WEINBERG FUND, CARLYN S. MCCAFFREY, ES  225 EAST 57TH STREET, PH-B,  NEW YORK, NY 10022	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	THE NORTHERN TRUST COMPANY, MICHAEL G. O'GRADY  50 SOUTH LA SALLE STREET,  CHICAGO, IL 60603	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	THE PALETTE FUND, TERRENCE MECK  115 BRADFORD STREET,  PROVINCETOWN, MA 02657	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	THE POLO RALPH LAUREN FOUNDATION, BETTE-ANN GWATHMEY  650 MADISON AVENUE,  NEW YORK, NY 10022	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	THE ROSEMARY KRAEMER RAITT FOUNDATION, CHERYL HAMMOND AND JOHN KRAEMER  P.O. BOX 66367,  LOS ANGELES, CA 90066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	THE TIDES FOUNDATION, DRUMMOND PIKE 55 EXCHANGE PLACE, SUITE 402, NEW YORK, NY 10005	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for nancash contributions.)
230	THE TR FAMILY TRUST, TOM HANKS AND RITA WILSON 9100 WILSHIRE BOULEVARD, SUITE 1000 WEST, BEVERLY HILLS, CA 90212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for nancash contributions.)
231	GARY TIGGES 2900 MCKINNON STREET, SUITE 1201, DALLAS, TX 75201	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for nancash contributions.)
232	KAREN TITHERINGTON 140 SPYGLASS LANE, JUPITER, FL 33477	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for nancash contributions.)
233	TM REAL ESTATE SERVICES, LLC, TIMOTHY MITCHELL 3300 WINDY RIDGE PARKWAY SE, UNIT 517, ATLANTA, GA 30339	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for nancash contributions.)
234	MICHAEL TOMMASI 95 WOODVALE LOOP, STATEN ISLAND, NY 10309	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for nancash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	TONY BENNETT 420 W. 14TH ST. STE. 6NW, NEW YORK, NY 10014	\$ 8,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
236	MARC TREVINO 17 EAST 12TH STREET, APT. 4, NEW YORK, NY 10003	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	UNITED STATES FUND FOR UNICEF, EDWARD G. LLOYD 125 MAIDEN LANE, NEW YORK, NY 10038	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	UNITED TALENT AGENCY, DESIREE FLORES 9336 CIVIC CENTER DRIVE, BEVERLY HILLS, CA 90210	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	UNIVERSAL MUSIC LATIN ENTERTAINMENT, PATRICIA MOSEY 1750 NORTH VINE STREET, LOS ANGELES, CA 90028	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	ROMINA USTAYEV 22 BOWMAN DRIVE, FEASTERVILLE TREVISE, PA 19053	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	UTAH FILM CENTER, ELISABETH NEBEKER 50 WEST BROADWAY, SUITE 1125, SALT LAKE CITY, UT 84101	\$ 66,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	VINCENT FREMONT 51 FIFTH AVENUE, APT. 5C, NEW YORK, NY 10003	\$ 17,925.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
243	WALGREENS FAMILY OF COMPANIES, GLEN PIETRANDONI 200 WILMOT ROAD, MS 2189, DEERFIELD, IL 60015	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	JASON AND KATHRYN WATSON 1180 NORVAL WAY, SAN JOSE, CA 95125	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	AL WEILER AND KAREN EUGLISI WEILER 105 RODEO DRIVE, SYOSSET, NY 11791	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	ADAM WEISBARTH 375 HUDSON STREET, 12TH FLOOR, NEW YORK, NY 10014	\$ 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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**ELTON JOHN AIDS FOUNDATION, INC.**

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	WADE WEISSMANN 8655 NORTH DEERWOOD DRIVE, MILWAUKEE, WI 53209	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	WELLS FARGO BANK, N.A., JOHN R. LAKE WELLS FARGO ENTERPRISE MARKETING, 525 MARKET STREET SAN FRANCISCO, CA 94105	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	WENDY JEAN ROACH LIVING TRUST, RAYMOND HO NG 2990 EAST COLORADO BOULEVARD, SUITE 104, PASADENA, CA 91107	\$ 574,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	WHITE & CASE, LLP, THOMAS E. LAURIA 1221 AVENUE OF THE AMERICAS, NEW YORK, NY 10020	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	ERIC WONG 1755 BROADWAY, 7TH FLOOR, NEW YORK, NY 10019	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	WORLD TEAM TENNIS, BILLIE JEAN KING AND ILANA KLOSS 1776 BROADWAY, SUITE 600, NEW YORK, NY 10019	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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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
253	<u>XL ENERGY CORP., PETER KLOSE</u> <u>500 FIFTH AVENUE, SUITE 3020,</u> <u>NEW YORK, NY 10110</u>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	<u>XS PUBLIC RELATIONS, EVELYN MARQUIS</u> <u>6147 SAN VICENTE BOULEVARD,</u> <u>LOS ANGELES, CA 90048</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	<u>PHILIP YEE</u> <u>1594 VIA CAPRI, APT. 8,</u> <u>LAGUNA BEACH, CA 92651</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	<u>TIMOTHY YOUNG</u> <u>3123-595 BURRARD STREET,</u> <u>VANCOUVER, CANADA V7X 1J1</u>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	<u>ZTPR, ZACK TEPERMAN</u> <u>9000 SUNSET BOULEVARD, SUITE 709,</u> <u>WEST HOLLYWOOD, CA 90069</u>	\$ <u>5,500.</u>	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.)

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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**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
<u>11</u>	ART - WORK OF ART (AND CASH OF \$398,650) _____ _____ _____	\$ <u>45,000.</u>	<u>03/28/18</u>
<u>13</u>	ART - WORK OF ART _____ _____ _____	\$ <u>15,000.</u>	<u>11/16/18</u>
<u>14</u>	ART - WORK OF ART _____ _____ _____	\$ <u>15,000.</u>	<u>12/30/18</u>
<u>17</u>	ART - WORK OF ART _____ _____ _____	\$ <u>8,000.</u>	<u>11/06/18</u>
<u>28</u>	OTHER - JEWELRY _____ _____ _____	\$ <u>100,000.</u>	<u>11/07/18</u>
<u>29</u>	OTHER - JEWELRY _____ _____ _____	\$ <u>6,500.</u>	<u>03/16/18</u>

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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**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
30	OTHER JEWELRY _____ _____ _____	\$ 97,000.	03/31/18
37	ART - WORK OF ART _____ _____ _____	\$ 150,000.	11/09/18
38	ART - WORK OF ART _____ _____ _____	\$ 60,000.	03/09/18
48	ART - WORK OF ART _____ _____ _____	\$ 30,000.	12/12/18
81	ART - WORK OF ART _____ _____ _____	\$ 25,000.	11/16/18
87	OTHER - CHAMPAGNE EXPERIENCE (AND CASH OF \$5,477) _____ _____ _____	\$ 48,000.	03/09/18

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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**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
92	ART - WORK OF ART _____ _____ _____	\$ 50,000.	03/09/18
123	OTHER CRYSTAL ART _____ _____ _____	\$ 200,000.	03/31/18
235	ART - WORK OF ART _____ _____ _____	\$ 8,500.	12/12/18
242	ART - WORK OF ART _____ _____ _____	\$ 17,925.	11/29/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>ELTON JOHN AIDS FOUNDATION, INC.</b>	Employer identification number <b>58-2033460</b>
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**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 comingling Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization

**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number

**58-2033460**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:  Yes  No

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

	Amount
1c	
1d	
1e	
1f	

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

**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:

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

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

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

**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		28,428.		28,428.
e Other		87,284.	71,996.	15,288.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		30,152.	27,752.	2,400.
				46,116.

**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) .....		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) <b>DUE TO RELATED PARTY (EJAF - UK)</b>	<b>43,698.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>43,698.</b>

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	15,705,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	84,295.	
b	Donated services and use of facilities	2b	195,033.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	279,328.	
3	Subtract line 2e from line 1	3	15,426,022.	
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	-2,492,208.	
c	Add lines 4a and 4b	4c	-2,492,208.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,933,814.	

**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	8,856,002.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	195,033.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,492,208.	
e	Add lines 2a through 2d	2e	2,687,241.	
3	Subtract line 2e from line 1	3	6,168,761.	
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	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,168,761.	

**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.

PART X, LINE 2:

FIN48 (ASC740) FOOTNOTE:

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

**Part XIII** Supplemental Information (continued)

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. THERE WERE 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 2015. THERE ARE NO TAX EXAMINATIONS CURRENTLY PENDING.

THE FOUNDATION HAS CONSIDERED THE PROVISIONS OF THE TAX CUTS AND JOBS ACT (THE "TCJA"), WHICH WAS SIGNED INTO LAW ON DECEMBER 22, 2017 AND WHICH GENERALLY TAKES EFFECT FOR TAXABLE YEARS BEGINNING ON OR AFTER JANUARY 1, 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASS	-2,492,208.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASS	2,492,208.
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**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 (add col. (a) through col. (c))	
		AEV 2018 (event type)	OSCAR 2018 (event type)	4 (total number)		
Revenue	1	Gross receipts	3,845,835.	5,942,433.	557,864.	10,346,132.
	2	Less: Contributions	3,494,300.	5,432,133.	557,864.	9,484,297.
	3	Gross income (line 1 minus line 2)	351,535.	510,300.		861,835.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	165,671.	47,657.		213,328.
	7	Food and beverages		303,515.		303,515.
	8	Entertainment	158,577.	143,174.	55,388.	357,139.
	9	Other direct expenses	235,199.	1,372,350.	10,677.	1,618,226.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,492,208.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,630,373.

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

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

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16 Gaming manager information:**

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law 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 explanations required by Part I, line 2b, columns (ii) 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)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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?  
**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.

Yes  No

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
ABOUNDING PROSPERITY, INC. 2311 MARTIN LUTHER KING JR. BLVD. DALLAS, TX 75215	20-3746599	501(C)(3)	36,250.	0.			GENERAL SUPPORT
AIDS ACTION COALITION OF MONTVILLE DBA THRIVE ALABAMA 600 ST. CLAIR AVE. - MONTVILLE, AL 35801	57-0889447	501(C)(3)	50,000.	0.			ADVOCATE PROJECT
AIDS ALABAMA 3529 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501(C)(3)	125,000.	0.			SCHEME IN AL.
AIDS UNITED 1424 K STREET NW WASHINGTON, DC 20005	52-1706646	501(C)(3)	500,000.	0.			GENERAL SUPPORT
BASIC NWFL, INC. 432 MAGNOLIA AVE. PANAMA CITY, FL 32401	59-2994863	501(C)(3)	35,000.	0.			GENERAL SUPPORT
CHANGE HAPPENS 3353 EIGHTH STREET HOUSTON, TX 77004	76-0297531	501(C)(3)	8,000.	0.			HURRICANE RELIEF

**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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶▶ 29.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
CHOICES MEMPHIS CTR FOR REPRODUCTIVE HEALTH - 1726 POPLAR AVE - MEMPHIS, TN 38104	62-0931089	501(C)(3)	35,000.	0.			GENERAL SUPPORT
COLLABORATIVE SOLUTIONS, INC. 1016 19TH ST. SOUTH BIRMINGHAM, AL 35205	85-0485864	501(C)(3)	50,000.	0.			GENERAL SUPPORT
EQUALITY FLORIDA INSTITUTE P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501(C)(3)	50,000.	0.		HIV DECRIMINALIZATION PROJECT	
FRIENDS FOR LIFE CORPORATION, INC. 43 W. CLEVELAND STREET MEMPHIS, TN 38104	62 1511959	501(C)(3)	150,000.	0.		YOUTH LEADERSHIP INITIATIVE	
FUNDERS CONCERNED ABOUT AIDS 1100 CONNECTICUT AVE WASHINGTON, DC 20036	13 3869632	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GEORGIA AIDS COALITION 1110 EAST ROCK SPRING ROAD ATLANTA, GA 30306	58-1852676	501(C)(3)	78,000.	0.			GA AIDS ADVOCACY IN ACTION
HARM REDUCTION COALITION 22 WEST 27TH STREET NEW YORK, NY 10001	94-3204958	501(C)(3)	278,500.	0.			ACCELERATING SECOND WAVE HARM REDUCTION
HOUSING WORKS, INC. 57 WILLOUGHBY STREET BROOKLYN, NY 11201	13-3564089	501(C)(3)	10,000.	0.			PAC - PRE CONF/PREVENTION ACCESS CAMPAIGN
NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501(C)(3)	72,646.	0.			TN AIDS ADVOCACY NETWORK

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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
NC AIDS ACTION NETWORK LOFT CENTER OF RALIEGH RALIEGH, NC 27603	32 0323779	501(C)(3)	200,000.	0.			BROW AND NC HIV DECRIMINALIZATION PROJECT
NCCI/THE CENTER FOR HIV LAW AND POLICY - 65 BROADWAY - NEW YORK, NY 10006	02-0590588	501(C)(3)	550,000.	0.			POSITIVE JUSTICE AND SEXUAL HEALTH PROJECTS
POSITIVE WOMEN'S NETWORK - USA 436 14TH STREET OAKLAND, CA 94612	20-1037643	501(C)(3)	150,000.	0.			GENERAL SUPPORT
RURAL WOMEN'S HEALTH PROJECT 1108 S. W. 2ND AVE. GAINESVILLE, FL 32601	59-3429511	501(C)(3)	27,250.	0.			GENERAL SUPPORT
SISTERLOVE, INC 3709 BAKERS FERRY ROAD ATLANTA, GA 30310	58-2016070	501(C)(3)	10,000.	0.			WOMEN NOW SUMMIT
SISTERLOVE, INC 3709 BAKERS FERRY ROAD ATLANTA, GA 30310	58-2016070	501(C)(3)	50,000.	0.			HEALTH LOVE YOUTH
SOUTHERNERS ON NEW GROUND 580 HOLDERNESS ST. ATLANTA, GA 30310	61-1274170	501(C)(3)	35,000.	0.			GENERAL SUPPORT
THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 NORTH MERIDIAN STREET - INDIANAPOLIS, IN 46208	35-0867985	501(C)(3)	117,500.	0.			RYAN WHITE AND HIV
THE SERO PROJECT MILFORD PENNSYLVANIA - PO BOX 1233 - MILFORD, PA 18337	46 1626584	501(C)(3)	150,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE WILLIAMS INSTITUTE UCLA SCHOOL OF LAW LOS ANGELES, CA 90035	95-6006143	501(C)(3)	120,579.	0.		HIV CRIMINALIZATION	
THRIVE SS INC. 2577 SEMMES ST. ATLANTA, GA 30344	81 1080246	501(C)(3)	31,500.	0.		GENERAL SUPPORT	
TRANSCENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612	05-0544006	501(C)(3)	10,000.	0.		POSITIVELY TRANS	
TRUE COLORS FUND 330 WEST 38TH STREET NEW YORK, NY 10018	45-2489069	501(C)(3)	10,000.	0.		GENERAL SUPPORT	
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	150,000.	0.		IDEA EXCHANGE	

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**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.**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**ELTON JOHN AIDS FOUNDATION, INC.**

Employer identification number

**58-2033460**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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		
<b>2</b> 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 on line 1a?		
<b>3</b> 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 checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-8.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
<b>8</b> 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		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2018

**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 aren't 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 (F) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) SCOTT CAMPBELL EXECUTIVE DIRECTOR (RESIGNED 11/5/18)	281,349.	0.	0.	14,850.	14,420.	310,619.	0.
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							
(xi)							
(xii)							
(xiii)							
(xiv)							
(xv)							
(xvi)							
(xvii)							
(xviii)							
(xix)							
(xx)							
(xxi)							
(xxii)							
(xxiii)							
(xxiv)							
(xxv)							
(xxvi)							
(xxvii)							
(xxviii)							
(xxix)							
(xxx)							

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

D/WF No. 1545-0147

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	11	424,425.	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	Archaeological artifacts				
25	Other ▶ ( JEWELRY )	X	3	203,500.	FMV
26	Other ▶ ( CRYSTAL ART )	X	1	200,000.	FMV
27	Other ▶ ( CHAMPAGNE EXP )	X	1	48,000.	FMV
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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**Open to Public  
Inspection

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number  
58-2033460**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:****HIV PREVENTION PROGRAMS.****FORM 990, PART III, LINE 4****PROGRAM SERVICES:**

**DURING 2018, EJAF AWARDED NEARLY \$3.1 MILLION IN GRANTS TO ORGANIZATIONS WORKING IN THE UNITED STATES. EJAF FOLLOWS THE EVIDENCE ABOUT WHERE HIV PREVALENCE IS HIGH AND TARGETS ITS INVESTMENTS TO THOSE LOCATIONS AS A WAY TO FOCUS ITS GRANT MAKING AND INCREASE ITS POTENTIAL IMPACT, TO ADDRESS THE FOLLOWING GOALS:**

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

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

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

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

**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'S GRANTMAKING FOCUSES ON SPECIFIC GOALS AND THEMES TO SUPPORT COMMUNITIES MOST AFFECTED BY HIV. AREAS OF FOCUS IN 2018 INCLUDED:**

**\* EXPANDING HIV-RELATED CLINICAL CARE FOR LOW-INCOME AND YOUNG LGBT PEOPLE IN THE SOUTH;**

**\* PROVIDING DIRECT LEGAL SERVICES AND ADVOCACY TO FIGHT HIV-RELATED DISCRIMINATION;**

**\* ADVOCATING AGAINST THE CRIMINALIZATION OF HIV STATUS;**

**\* FUNDING ADVOCACY TO IMPROVE NATIONAL AND STATE HEALTH CARE POLICIES, DRUG PRICING, AND INSURANCE COVERAGE RELATED TO HIV;**

**\* SUPPORTING COLLABORATION AMONG HIV ADVOCATES WITH THOSE WORKING ON ISSUES OF RACIAL AND ECONOMIC JUSTICE AND GENDER EQUITY; AND**

**\* BUILDING NEW LEADERSHIP AND ORGANIZATIONS IN THE EFFORT TO END AIDS AT LOCAL LEVELS.**

**EJAF'S PROGRAMMATIC FOCUS ON THE SOUTHERN U.S., AS DEMONSTRATED IN THE FOUNDATION'S 2018 GRANT MAKING, INDICATES THAT EJAF IS AN IMPORTANT AND LEADING HIV FUNDER IN THIS REGION.**

**EJAF TARGETS 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**

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

YOUNG PEOPLE.

1. PEOPLE LIVING WITH HIV ARE CENTRAL TO ALL EFFORTS TO PREVENT, TREAT, AND END 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.

3. 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.

EJAF'S PROGRAMMATIC FOCUS ON THESE KEY POPULATIONS INCLUDES:

- \* ORGANIZATIONS LED BY AND ADVOCATING FOR PEOPLE LIVING WITH HIV;
- \* ORGANIZATIONS FOCUSED ON PREVENTING AND TREATING HIV AMONG BLACK GAY MEN;
- \* ORGANIZATIONS PROMOTING THE HEALTH AND LEADERSHIP OF TRANSGENDER PEOPLE;
- \* ORGANIZATIONS HELPING HIV-POSITIVE AND LGBT MIGRANTS TO RESETTLE IN THE U.S. AND CANADA; AND
- \* ORGANIZATIONS SUPPORTING SEX WORKERS TO ORGANIZE AND PROVIDE HEALTH SERVICES.

IN SUMMARY, EJAF'S GRANT MAKING IS FOCUSED AND STRATEGIC AND WILL CONTINUE CONTRIBUTING TO PROGRESS AGAINST HIV IN EACH OF ITS PRIORITY

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

AREAS.

FORM 990, PART VI, SECTION A, LINE 2:

ELTON JOHN AND DAVID FURNISH HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990'S AND FINANCIAL STATEMENTS ARE POSTED ON EJAF'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

OVERSIGHT, REVIEW AND SELECTION PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Inv No.	Unadjusted Cost Or Basis	Basis % FxI	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	VARIOUS	VAR	.000		HM16	87,284.				87,284.	62,847.		9,149.	71,996.
2	FURNITURE & FIXTURES	VARIOUS	VAR	.000		HM16	24,217.				24,217.	21,217.		600.	21,817.
3	LEASEHOLD IMPROVEMENT	VARIOUS	VAR	.000		HM16	28,428.				28,428.			0.	
4	COMPUTER SOFTWARE	VARIOUS	VAR	.000		HM16	5,935.				5,935.	5,935.		0.	5,935.
	* TOTAL 990 PAGE 10 DEPR.						145,864.				145,864.	99,999.		9,749.	99,748.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**Depreciation and Amortization**  
 (Including Information on Listed Property) **990**

OMB No. 1545-0172

**2018**  
 Attachment  
 Sequence No. 179

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return: **ELTON JOHN AIDS FOUNDATION, INC.** Business or activity to which this form relates: **FORM 990 PAGE 10** Identifying number: **58-2033460**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	9,749.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instr.	22	9,749.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2018 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

**43** Amortization of costs that began before your 2018 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**