

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ELTON JOHN AIDS FOUNDATION, INC.		D Employer identification number 58-2033460
	Doing business as		E Telephone number 212-219-0670
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,289,218.
	584 BROADWAY, SUITE 906		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ANNE ASLETT SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.EJAF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1992 M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ELTON JOHN AIDS FOUNDATION (EJAF) WORKS TO ACHIEVE AN AIDS-FREE GENERATION THROUGH INNOVATIVE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 8
	6 Total number of volunteers (estimate if necessary) 6 0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,354,220. Prior Year 8,345,121. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 194,376. 399,211.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,614,782. -2,605,814.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,933,814. 6,138,518.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 908,960. 790,882.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 617,042.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,159,476. 1,199,101.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,168,761. 13,224,768.	
19 Revenue less expenses. Subtract line 18 from line 12 6,765,053. -7,086,250.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 22,604,963. Beginning of Current Year 18,613,700. End of Year
	21 Total liabilities (Part X, line 26) 4,972,420. 8,130,826.
	22 Net assets or fund balances. Subtract line 21 from line 20 17,632,543. 10,482,874.

Part II Signature Block

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

Sign Here		06 November 2020 07:57 PST
	Signature of officer	Date
Paid Preparer Use Only	ANNE ASLETT, CHIEF EXECUTIVE OFFICER	Type or print name and title
	Print/Type preparer's name MICHAEL BURKE	Preparer's signature
	Date	Check if self-employed <input type="checkbox"/> PTIN P01595226
	Firm's name ▶ UHY ADVISORS NY, INC.	Firm's EIN ▶ 14-1555429
	Firm's address ▶ 1185 AVENUE OF THE AMERICAS, 38TH FLOOR NEW YORK, NY 10036	Phone no. (212) 381-4700

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

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

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 \$ 12,259,389. including grants of \$ 11,234,785.) (Revenue \$) THE ELTON JOHN AIDS FOUNDATION AWARDED \$11,234,785 IN GRANTS TO HIV/AIDS RELATED PROGRAMS CONDUCTED IN THE UNITED STATES PRIMARILY. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,259,389.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	

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

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 on Schedule O)
- 19** Describe on 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 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			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

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 **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AAB PRODUCTIONS, 64 ALLEN STREET, 5TH FLOOR, NEW YORK, NY 10002	EVENT COORDINATION	138,244.
BERLIN ROSEN, LTD., 15 MAIDEN LANE, SUITE 1600, NEW YORK, NY 10038	PUBLIC RELATIONS	101,000.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,467,070.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,878,051.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 433,300.				
	h Total. Add lines 1a-1f			8,345,121.			
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		395,527.			395,527.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	13,684.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	10,000.				
	c Gain or (loss)	7c	3,684.				
	d Net gain or (loss)			3,684.		3,684.	
8 a Gross income from fundraising events (not including \$ 6,467,070. of contributions reported on line 1c). See Part IV, line 18	8a		433,300.				
b Less: direct expenses	8b	3,140,700.					
c Net income or (loss) from fundraising events			-2,707,400.		-2,707,400.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	101,586.		101,586.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			101,586.			
12 Total revenue. See instructions			6,138,518.	0.	0.	-2,206,603.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,178,635.	11,178,635.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	56,150.	56,150.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	644,390.	399,522.	51,551.	193,317.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,698.	28,333.	3,656.	13,709.
9 Other employee benefits	58,218.	36,095.	4,657.	17,466.
10 Payroll taxes	42,576.	26,397.	3,406.	12,773.
11 Fees for services (nonemployees):				
a Management				
b Legal	17,613.	11,835.	1,023.	4,755.
c Accounting	34,398.	23,113.	1,998.	9,287.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,336.	9,665.	1,247.	22,424.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	473,554.	318,195.	27,502.	127,857.
12 Advertising and promotion				
13 Office expenses	79,938.	23,312.	40,237.	16,389.
14 Information technology				
15 Royalties				
16 Occupancy	130,965.		130,965.	
17 Travel	261,816.	119,823.	22,260.	119,733.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,960.		33,960.	
23 Insurance	26,431.	4,099.	11,691.	10,641.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS & MARKET	68,011.	14,387.		53,624.
b LICENSES AND FEES	28,123.	9,478.	5,101.	13,544.
c TELEPHONE	9,435.	145.	7,937.	1,353.
d BANK CHARGES	1,521.	205.	1,146.	170.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,224,768.	12,259,389.	348,337.	617,042.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	5,126,909.	1	2,051,732.
	2 Savings and temporary cash investments	1,941,243.	2	963,520.
	3 Pledges and grants receivable, net	671,361.	3	1,372,716.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	56,415.	7	109,415.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	421,504.	9	912,982.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 159,151.		
	b Less: accumulated depreciation	10b 133,707.	46,116.	10c 25,444.
	11 Investments - publicly traded securities	14,341,415.	11	13,049,312.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	128,579.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,604,963.	16	18,613,700.	
Liabilities	17 Accounts payable and accrued expenses	547,681.	17	157,596.
	18 Grants payable	3,822,635.	18	3,408,230.
	19 Deferred revenue	558,406.	19	1,276,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	43,698.	25	3,289,000.
	26 Total liabilities. Add lines 17 through 25	4,972,420.	26	8,130,826.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,640,655.	27	10,352,874.
	28 Net assets with donor restrictions	4,991,888.	28	130,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,632,543.	32	10,482,874.
33 Total liabilities and net assets/fund balances	22,604,963.	33	18,613,700.	

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	6,138,518.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,224,768.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,086,250.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,632,543.
5	Net unrealized gains (losses) on investments	5	-63,419.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,482,874.

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 on 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 on 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

2019

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12229859.	11192693.	17550376.	14354220.	8345121.	63672269.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12229859.	11192693.	17550376.	14354220.	8345121.	63672269.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	514,938.	664,400.	3522400.	3845500.	169,000.	8716238.
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	2457348.	2927087.	3087877.	2822776.	2429486.	13724574.
c Add lines 7a and 7b	2972286.	3591487.	6610277.	6668276.	2598486.	22440812.
8 Public support. (Subtract line 7c from line 6.)						41231457.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	12229859.	11192693.	17550376.	14354220.	8345121.	63672269.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	70,462.	138,347.	92,211.	214,967.	395,527.	911,514.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	70,462.	138,347.	92,211.	214,967.	395,527.	911,514.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1095536.	1545007.	952,550.	861,835.	433,300.	4888228.
13 Total support. (Add lines 9, 10c, 11, and 12.)	13395857.	12876047.	18595137.	15431022.	9173948.	69472011.

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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	59.35 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	61.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1.31 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.94 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2015 AMOUNT: \$ 1,095,536.

2016 AMOUNT: \$ 1,545,007.

2017 AMOUNT: \$ 952,550.

2018 AMOUNT: \$ 861,835.

2019 AMOUNT: \$ 433,300.

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2019

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
	514,938.	664,400.	3,522,400.	3,845,500.	169,000.
Total to Schedule A, Part III, Line 7a	514,938.	664,400.	3,522,400.	3,845,500.	169,000.

Schedule A Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2019

** Do Not File **

*** Not Open to Public Inspection ***

Table with 3 columns: Payer's Name, Amount Received in 2019, 2019 Excess Payments. Includes a total row at the bottom showing 2,429,486.

Total Excess Payments to Schedule A, Part III, Line 7b, column (e)

2,429,486.

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 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that 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).

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
<u>1</u>	<u>ABBEY RESTAURANT AND BAR</u> <u>121 SOUTH ROSSMORE AVENUE</u> <u>LOS ANGELES, CA 90004</u>	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>AEG PRESENTS LLC</u> <u>425 WEST 11TH STREET, SUITE 320</u> <u>LOS ANGELES, CA 90015</u>	\$ <u>315,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>AL WEILER AND KAREN BUGLISI WEILER</u> <u>105 RODEO DRIVE</u> <u>SYOSSET, NY 11791</u>	\$ <u>32,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>ALAMO COMMUNITY FUND</u> <u>612 EAST SIXTH STREET</u> <u>AUSTIN, TX 78701</u>	\$ <u>12,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>ALCIONE FAMILY OFFICE SERVICES INC.</u> <u>ATAGO GREEN HILLS FOREST TOWER 21061,</u> <u>105-0002</u> <u>TOKYO, JAPAN</u>	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>AMAZON</u> <u>1620 26TH STREET, SUITE 4000N</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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	ANDREW D BUTCHER FAMILY FUND 1225 MESA ROAD SANTA BARBARA, CA 93108	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANIL MOHIN & JOHN SCHOLZ 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.)
9	AQUILINI GROUP ROGERS ARENA, 800 GRIFFITHS WAY, GATE 16 VANCOUVER, CANADA V6B 6G1	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ARGLYE PRODUCTIONS 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.)
11	ARTIST BRAND ALLIANCE 11 EAST 86TH STREET NEW YORK, NY 10028	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BLEONA QERETI 7111 SANTA MONICA BOULEVARD LOS ANGELES, CA 90046	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
13	BLUEFISH 8033 WEST SUNSET BOULEVARD, SUITE 259 LOS ANGELES, CA 90046	\$ 181,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BT/A ADVERTISING 559 COLLEGE STREET, SUITE 401 TORONTO, CANADA M6G 1A9	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CADILLAC C/O KOVERT CREATIVE, 665 BROADWAY NEW YORK, NY 10012	\$ 142,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CAITLYN JENNER FOUNDATION C/O BOULEVARD MANAGEMENT, 21731 VENTURA BOULEVARD, SUITE 300 WOODLAND HILLS, CA 91364	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CAROL E. HAMILTON 1515 RED FOX ROAD COLUMBUS, NC 28722	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CHAHIL GLOBAL MARKETING AND INNOVATIONS ADVISORY 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.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CHANEL, INC 15 EAST 57TH STREET, 14TH FLOOR NEW YORK, NY 10022	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CHICAGO MEDIA PROJECT/WAVELENGTH PRODUCTIONS 301 WEST GRAND AVENUE, BOX 170 CHICAGO, IL 60654	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	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.)
22	CHRISTINE SUPPES 1335 COUPER STREET PALO ALTO, CA 94301	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CINDY COWAN ENTERTAINMENT 8265 SUNSET BOULEVARD, SUITE 205 LOS ANGELES, CA 90046	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	COLTON HAYNES 2026 HOLLY HILL TERRACE LOS ANGELES, CA 90068	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
25	COMBINED PROPERTIES, INC. 1025 THOMAS JEFFERSON STREET NW WASHINGTON, DC 20007	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CURA CANNABIS SOLUTIONS, INC 3101 SW RIVER PKWY PORTLAND, OR 97239	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DAN SCOTTI DESIGN & DEVELOPMENT 83 SHERRILL ROAD EAST HAMPTON, NY 11937	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	DART GROUP FOUNDATION 1025 THOMAS JEFFERSON STREET NW, SUITE 700 EAST WASHINGTON, DC 20007	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DAVE FELDMAN 1990 SOUTH BUNDY DRIVE, SUITE 200 LOS ANGELES, CA 90025	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DAVID COLBURN 600 NORTH FAIRBANKS COURT, APT. 2402 CHICAGO, IL 60611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
31	DIAGEO AMERICAS, INC 801 MAIN AVENUE NORWALK, CT 06851	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DOLLINGER PROPERTIES 555 TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	ELIZABETH TAYLOR ARCHIVE 9701 WILSHIRE BLVD, SUITE 600 BEVERLY HILLS, CA 90212	\$ 60,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	CHRIS LEVINE 100 DRUMMOND ROAD LONDON, UNITED KINGDOM SE16 4DG	\$ 125,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	AMERICAN AIRLINES 2 PARK AVE, 11TH FLOOR NEW YORK, NY 10016	\$ 21,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	MARK SELIGER STUDIO 162 CHARLES STREET NEW YORK, NY 10014	\$ 13,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
37	HIMITSU 1 BLYTHE ROAD LONDON, UNITED KINGDOM W14 OHG	\$ 45,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	JOALI RESORT MURAVANDHOO ISLAND RAA ATOLL, MALDIVES	\$ 45,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	PARAMOUNT PICTURES 5515 MELROSE AVE LOS ANGELES, CA 90038	\$ 58,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	TRACEY EMIN STUDIO 1 TENTER GROUND LONDON, UNITED KINGDOM E1 7NH	\$ 65,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	DR. GREGORY HOLT 1399 E 27 STREET TULSA, OK 74114	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	DSQUARED2 VIA CERESIO 9 MILAN, ITALY 20154	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
43	ELISABETH MURDOCH AND KEITH TYSON 56 AVENUE ROAD LONDON, UNITED KINGDOM WB 6HT	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	EARTH USA 2 DURAND GARDENS LONDON, UNITED KINGDOM W9 0PP	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	ECOR1 CAPITAL 401 ILLINOIS STREET SAN FRANCISCO, CA 94158	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	ED FINGER 2900 WEST DALLAS STREET HOUSTON, TX 70019	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	EDWARD F. LIMATO FOUNDATION 400 N. MANSFIELD AVENUE LOS ANGELES, CA 90036	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	ERIC AVRAM 57 MONTAGUE STREET BROOKLYN, NY 11201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
49	ESSENCE 2 BRADBROOK HOUSE, STUDIO PLACE LONDON, UNITED KINGDOM SW1 X8EL	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	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.)
51	EYES ONLY MEDIA 610 LAKE AVENUE TRAVERSE CITY, MI 49684	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	FERNANDO ALVAREZ BOGNAR 6001 LA GORCE DRIVE MIAMI BEACH, FL 33140	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	FOUNDATION FOR BROTHERHOOD 906 MOSSBRIDGE COURT PLEASANT HILL, CA 94523	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	FRIENDS IN DEED 594 BROADWAY, SUITE 706 NEW YORK, NY 10012	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
55	GALERIE URSULA KRINZINGER SEILERSTATTE 16, 1010 VIENNA, AUSTRIA	\$ 5,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	GARY TIGGES MD 2900 MCKINNIN STREET, #1201 DALLAS, TX 75201	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	GEOFFREY GARTH 32 57TH PLACE LONG BEACH, CA 90803	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	GEORGE AND JUDY MARCUS FOUNDATION 777 SOUTH CALIFORNIA AVENUE PALO ALTO, CA 94304	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	GIRIVINOTHAN PALANISWAMY 8500 BURTON WAY 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.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	GLORIA BUTLER MANAGEMENT 15165 VENTURA BOULEVARD, SUITE 230 SHERMAN OAKS, CA 91403	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	GRUBMAN SHIRE MEISELAS & SACKS, P.C. 152 WEST 57TH STREET, 31ST FLOOR NEW YORK, NY 10019	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	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.)
64	GUGGENHEIM PARTNERS 100 WILSHIRE BOULEVARD, SUITE 500 SANTA MONICA, CA 90401	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	GUY AND LISA RUFFIN 14805 87TH AVENUE EAST PUYALLUP, WA 98375	\$ 300,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	HALL ENTERTAINMENT GROUP CHARLOTTENBURGER UFER 16B BERLIN, GERMANY 10587	\$ 11,000.	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
67	HAMILTON-SELWAY FINE ART 8678 MELROSE AVENUE WEST HOLLYWOOD, CA 90069	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	HANLEY ADVISORS, LLC 40 WEST 57TH STREET, 20TH FLOOR NEW YORK, NY 10019	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	HEATHER AND BERNARD TAUPIN 2905 ROUNDUP ROAD SANTA YNEZ, CA 93460	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	HEIDI KLUM COMPANY LLC 568 BROADWAY, ROOM 603 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.)
71	HELEN POLLOCK 5757 N BAY RIDGE AVE WHITEFISH BAY, WI 53217	\$ 250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	HENDON PROPERTIES 3445 PEACHTREE ROAD, SUITE 465 ATLANTA, GA 30326	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
73	HOUSE OF KIRSCHNER CAMPOS ELISEOS #60 POLANCO V SECCION MEXICO CITY, MEXICO 11560	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	HULL FOUNDATION P.O. BOX 5329 MIDLOTHIAN, VA 23112	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	ICM PARTNERS 1260 CONSTELLATION BOULEVARD, SUITE 3252 LOS ANGELES, CA 90067	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	ILANA KLOSS 101 WEST 79TH STREET NEW YORK, NY 10024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	IRENE MICHAELS 505 NORTH LAKE SHORE DRIVE, UNIT 1416 CHICAGO, IL 60611	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	ISLAND RECORDS/ UNIVERSAL MUSIC GROUP 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.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	CORPOATE SPORT, INC. 9119 CHURCH STREET MANASSAS, VA 20110	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	JAMES C. HORMEL REVOCABLE LIVING TRUST 101 MISSION STREET, SUITE 1750 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	JEFF GORDON 6020 BEACON SHORES STREET TAMPA, FL 33616	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	JEFF H. COLLINS 5410 WILSHIRE BOULEVARD LOS ANGELES, CA 90036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	JEFF KRUG PO BOX 11759 HOUSTON, TX 77293	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	JEFF SCOTT DENSIC 1644 PALMCROFT WAY, SW PHOENIX, AZ 85007	\$ 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
85	JENNIFER TILLY 16800 DEVONSHIRE STREET #210 GRANADA HILLS, CA 91344	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	JF&G PICTURES 2600 OLIVE AVENUE BURBANK, CA 91505	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	JJ LA 3780 WILSHIRE BOULEVARD LOS ANGELES, CA 90010	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	JOE AND CATERINA JACKMAN PO BOX 211 TORONTO, CANADA M5T 2WI	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	JOSEPH B. GOULD FOUNDATION 1801 CENTURY PARK EAST, SUITE 2230 LOS ANGELES, CA 90067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	JUAN C. MARTINEZ AND JENNIFER DOMINIQUINI 5206 BRIARWICK MEADOW LANE SUGAR LAND, TX 77479	\$ 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
91	JUPITER ISLAND LANDSCAPE, INC. 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.)
92	JUSTIN MCBAIN 1450 UNION STREET SAN FRANCISCO, CA 94109	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	KAI-YIN KELLY LAI 1402 1288 PULLMAN PORTER STREET VANCOUVER, CANADA V6A OH2	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	KATIE CLEARLY P.O. BOX 643 WOODLAND HILLS, CA 91365	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	KIERON RICHARDSON 1 CASTERTON WAY MANCHESTER, UNITED KINGDOM M28 1UR0	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	LAMBDA LEGAL DEFENSE AND EDUCATION FUND 120 WALL STREET, 19TH FLOOR NEW YORK, NY 10005	\$ 101,528.	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
97	LANIER BRANNEN 3 GROVE ISLE DRIVE MIAMI, FL 33133	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	CHARLOTTE LARSON 4425 LAUREL GROVE AVENUE STUDIO CITY, CA 91604	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	LAURA LANDAU 4021 ETHEL AVENUE STUDIO CITY, CA 91604	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	LAW OFFICES OF RICHARD BERNSLEY 76 BONIFACE DRIVE, SUITE 10 PINE BUSH, NY 12566	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	LEE BENNETT 6 SOUTH CLOSE LONDON, UNITED KINGDOM N6 5UQ	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	LISA GRAGNANI P.O. BOX 187 TRANQUILITY, CA 93668	\$ 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
103	LUXE MEDIA 215 FANSHAW PARK ROW, SUITE 105 ONTARIO, CANADA N6G 5A9	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	LYNN WYATT 3638 MEADOW LAKE LANE HOUSTON, TX 77027	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	MARC FREED-FINNEGAN 171 LIBERTY STREET SAN FRANCISCO, CA 94110	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	MARCEL REMUS INTERNATIONAL CAMI DE GENOVA 4, LOC 4 PALMA, SPAIN 07014	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	MARK LASH 9033 LESLIE STREET, UNIT NUMBER 8 RICHMOND HILL, CANADA L4B 1G2	\$ 5,500.	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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<u>MARRIOTT BONVOY</u> <u>50 WEST 23RD STREET, 7TH FLOOR</u> <u>NEW YORK, NY 10010</u>	\$ <u>195,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<u>MARTIN AND CELESTINA HUGHES</u> <u>65 FROGNAL</u> <u>LONDON, UNITED KINGDOM NX3 6YA</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<u>MARTIN SIMON & BROOKE GOLDSTEIN</u> <u>200 BELLEVUE PARKWAY SUITE 525</u> <u>WILMINGTON, DE 19809</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<u>MATTHEW SIEGAL</u> <u>6312 SEVEN CORNERS CENTER</u> <u>FALLS CHURCH, VA 22044</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<u>MEERA GANDHI</u> <u>55 EAST 74TH STREET</u> <u>NEW YORK, NY 10021</u>	\$ <u>340,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<u>MELINDA & DOUG WILLIAMS</u> <u>509 EAST 2ND STREET</u> <u>BOSTON, MA 02127</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
115	<u>MGW ADVERTISING</u> <u>8581 SANTA MONICA BOULEVARD, SUITE 469</u> <u>WEST HOLLYWOOD, CA 90069</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<u>MICHAEL MELNICK AND FIN GRAY</u> <u>6 BOULDER BROOK ROAD</u> <u>WILTON, CT 06897</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<u>MICHAEL SUPPES</u> <u>2223 MICHELTORENA STREET</u> <u>LOS ANGELES, CA 90039</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<u>MIKE DE PAOLA</u> <u>111 CENTRAL PARK NORTH, PH B</u> <u>NEW YORK, NY 10026</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<u>MILOS AND MARTINA FORMAN</u> <u>29 CARTER ROAD</u> <u>CORNWALL BRIDGE, CT 06754</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<u>MOVIEPASS FILMS</u> <u>8200 WILSHIRE BOULEVARD, 3RD FLOOR</u> <u>BEVERLY HILLS, CA 90211</u>	\$ <u>49,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	NADIA SAPUTO EVENTS 105 RUE NORTHVIEW DES ORMEAUX, CANADA H98 3J6	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	NAPA VALLEY WINE AUCTION 1101 CLARK STREET NAPA, CA 94559	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	NEUROBRANDS 27560 PACIFIC COAST HIGHWAY MALIBU, CA 90265	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	NEWMAN'S OWN FOUNDATION ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	NICHOLAS & VALERIA BOATMAN 42 INDIAN PATH MONROE TOWNSHIP, NJ 08831	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	NJ FALK & MARK GOLDSTON 14139 BERESFORD ROAD 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.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<u>NKSFB</u> <u>10960 WILSHIRE BOULEVARD, 5TH FLOOR</u> <u>LOS ANGELES, CA 90024</u>	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<u>OGER ENTERTAINMENT LLC</u> <u>7855 BOULEVARD EAST, SUITE 6E</u> <u>NORTH BERGEN, NJ 07047</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<u>ONE TWELVE FIVE</u> <u>2800 BRONSON BOULEVARD</u> <u>KALAMAZOO, MI 49008</u>	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<u>PAOLINO PROPERTIES</u> <u>100 WESTMINISTER STREET</u> <u>PROVIDENCE, RI 02903</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<u>PARAMOUNT PICTURES</u> <u>5555 MELROSE AVENUE, HART 404</u> <u>HOLLYWOOD, CA 90038</u>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<u>PARX CASINO</u> <u>2999 STREET ROAD</u> <u>BENSALEM, PA 19020</u>	\$ <u>100,000.</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
133	<u>PATRICIA ARQUETTE</u> <u>9460 WILSHIRE BLVD., 7TH FLOOR</u> <u>BEVERLY HILLS, CA 90212</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<u>PERFORMANCE ENTERTAINMENT</u> <u>21900 BURBANK BOULEVARD, SUITE 300</u> <u>WOODLANDS HILLS, CA 91367</u>	\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<u>PETER & PARKY FONDA</u> <u>360 BELLINO DRIVE</u> <u>PACIFIC PALISADES, CA 90272</u>	\$ <u>250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<u>PETER THOMAS ROTH</u> <u>460 PARK AVENUE, 16TH FLOOR</u> <u>NEW YORK, NY 10021</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<u>PHILIP HADDAD</u> <u>294 BORDEN STREET</u> <u>TORONTO, CANADA M5S 2N6</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<u>PISHEVAR FAMILY OFFICE</u> <u>4647 PINE TREE DRIVE</u> <u>MIAMI BEACH, FL 33140</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
139	PRIYA NATAYA LUNDBERG 300 MERCER STREET, 23G 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.)
140	PROXIMA 2121 AVENUE OF THE STARS, SUITE 2320 LOS ANGELES, CA 90067	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	HIMITSU 1 BLYTHE ROAD LONDON, UNITED KINGDOM W14 OHG	\$ 75,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	RED SONGBIRD C/O MONARCH BUSINESS AND WEALTH MANAGEMENT 9350 WILSHIRE BOULEVARD, SUITE 328 BEVERLY HILLS, CA 90212	\$ 530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	RICARDO MORA AND DANIEL HUGUET CARRER DE ROCA CORBA 12 ESCALDES, ANDORRA AD700	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	RMS PRODUCTIONS 269 SOUTH BEVERLY DRIVE, #465 BEVERLY HILLS, CA 90212	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
145	ROBERT & JOAN BLACKMAN FAMILY FOUNDATION 6949 DUNE DRIVE MALIBU, CA 90265	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	ROBERT BRADFORD 4808 1/2 JUNIUS ST DALLAS, TX 75226	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	ROD VANDERBILT 275 NE 18TH STREET MIAMI, FL 33132	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	RONDA STRYKER 21 DOLPHIN LANE KEY LARGO, FL 33037	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	ROY BOYCE GALVAN AVENIDA SANTA CRUZ DE BEZANA, 32 SANTA CRUZ DE BEZANA, SPAIN 39100	\$ 13,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	RYAN HAMPTON 2211 EAST WASHINGTON BOULEVARD PASADENA, CA 91104	\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
151	SERAPH MEDICAL 2080 CENTURY PARK EAST, SUITE 710 LOS ANGELES, CA 90067	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	SERGIO RIZZUTO 7C YEARLING PATH NECK, NJ 07722	\$ 205,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	SKIP & SYOSS 510 GRAND BOULEVARD VENICE, CA 90291	\$ 35,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	SLO VIP SERVICES 2 JACKSON STREET, SUITE 200 SAN FRANCISCO, CA 94111	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	SPIRIT OF AMERICA PRODUCTIONS 6044 BELLEVUE PLACE FRISCO, TX 75034	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	SPS ART 839 RANCHO ROAD THOUSAND OAKS, CA 91362	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
157	SQUARE 1 THEATRICS 22 SOUTH LEWIS AVENUE TULSA, OK 74104	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	STEFERE LIMITED 366 MADISON AVE NEW YORK, NY 10017	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	STEPHEN & 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.)
160	STEPHEN P. CARLINO AND DENNIS R. FEE 2301 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33306	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	STEVEN AND LAURA MAYER FAMILY FOUNDATION 21600 OXNARD STREET, SUITE 700 WOODLAND HILLS, CA 91367	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	STEWART POWELL 143 NORTH ARNAZ DRIVE BEVERLY HILLS, CA 90211	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
163	STHEFANO BRUNO PINTO DA COSTA RUA BENEDITO LAPIN, 81 - 04532-040 SAO PAULO, BRAZIL	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	STRUCTURE MANAGEMENT MIDWEST, LLC 908 NORTH HALSTED STREET CHICAGO, IL 60022	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	SUTTON STRACKE 10646 SOMMA WAY LOS ANGELES, CA 90077	\$ 77,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	SUZAN HUGHES EDUCATION FOUNDATION 1052 NORTH BEVERLY DRIVE BEVERLY HILLS, CA 90210	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	T CAPITAL MANAGEMENT 725 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10022	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	TANYA JOHNSON 15880 EL CAMINO REAL SANTA FE, CA 92067	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
169	TERRY LATHAM 12535 LOCHMEADOWS DRIVE DALLAS, TX 75244	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	TEXIT FILMS LTD 25 GILBERT STREET LONDON, UNITED KINGDOM W1K 5HX	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	THE FOUNDATION FOR GLOBAL SPORTS DEVELOPMENT 333 SOUTH HOPE STREET, 43RD FLOOR LOS ANGELES, CA 90071	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	THE GRALNICK FOUNDATION 4300 CYPRESS STREET TAMPA, FL 33607	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	THE HOLLIES FILTON ROAD, HAMBROOK BRISTOL, UNITED KINGDOM BS16 1QG	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	THE LILIAN WREN FOUNDATION P.O. BOX 5010 MONROE, CT 06468	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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	THE MARILYN AND JEFFREY KATZENBERG FOUNDATION 100 UNIVERSAL PLAZA, BUILDING 5121 UNIVERSAL CITY, CA 91608	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	THE MARSHALL MATHERS FOUNDATION 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.)
177	THE NAGA GROUP AG C/O APEIRON INVESTMENT, BLOCK A, APT. 12, IL SLIEMA, MALTA SLM1605	\$ 198,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	THE NEW YORK COMMUNITY TRUST 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.)
179	THE PATILLO FAMILY FUND 635 WEEPING BRANCH CT. DULUTH, GA 30097	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	THE PAUL E. SINGER CHARITABLE FUND 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.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	THE STANLEY AND JOYCE BLACK FAMILY FOUNDATION 9665 WILSHIRE BLVD, SUITE 200 BEVERLY HILLS, CA 90212	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	THERME GROUP WIENERBERGSTRASSE 51, 1120 VIENNA, AUSTRIA	\$ 10,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	THIRST PROJECT 5478 WILSHIRE BOULEVARD, SUITE 400 LOS ANGELES, CA 90036	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	THOMAS CRIDLAND HOME FARM HOUSE, LILFORD PETERBOROUGH, UNITED KINGDOM PE8 5SG	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	THOMAS F. 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.)
186	THOMAS MEYER 4537 KINGSWOOD PLACE WEST LAFAYETTE, IN 47906	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	TIFFANY & CO 727 FIFTH AVENUE NEW YORK, NY 10022	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	TIMOTHY MITCHELL 3300 WINDY RIDGE PARLWAY ATLANTA, GA 30339	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	AJAMIE LLP 711 LOUISIANA, SUITE 2150 HOUSTON, TX 77002	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	TONNIE SCHMIDT 5265 JUNIPER LANE WEST BEND, WI 53095	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	TROY JONES AND JASON BALL 1600 NORTH DOHENY DRIVE LOS ANGELES, CA 90069	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	STONECIPHER CHARITABLE REMAINDER UNITRUST P.O. BOX 607 SIKETON, MO 63801	\$ 43,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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	TULSA CARES 3712 EAST 11TH STREET TULSA, OK 74119	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	UNITED TALENT AGENCY 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.)
195	URBAN ZEN 250 WEST 57TH STREET, 23RD FLOOR NEW YORK, NY 10107	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	US FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR 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.)
197	VACATIONSTYLE 55 WHITE STREET NEW YORK, NY 10013	\$ 48,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	VERIZON (ROGER & COWAN) 1840 CENTURY PARK EAST, 2ND FL LOS ANGELES, CA 90067	\$ 87,500.	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
199	VIRGINIA FOUT AND MICHAEL WHETSTONE 742 SOUTH CLOVERDALE AVENUE LOS ANGELES, CA 90036	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	VIRGINIA FOUT AND MICHAEL WHETSTONE 742 SOUTH CLOVERDALE AVENUE LOS ANGELES, CA 90036	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	WELLS FARGO BANK N.A. WELLS FARGO ENTERPRISE MARKETING SAN FRANCISCO, CA 94105	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	WILDMAN EVENT GROUP 1438 NORTH GOWER STREET, BOX 11 LOS ANGELES, CA 90028	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	WILLIAM & 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.)
204	WILLIAM AND MARY NELL BROWNING 2200 WILLOWICK ROAD HOUSTON, TX 77027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
205	<u>XS PUBLIC RELATIONS</u> <u>6147 SAN VICENTE BOULEVARD</u> <u>LOS ANGELES, CA 90048</u>	\$ <u>169,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<u>PHILIP YEE</u> <u>1594 VIA CAPRI</u> <u>LAGUNA BEACH, CA 92651</u>	\$ <u>16,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<u>WALGREENS BOOTS ALLIANCE</u> <u>200 WILMOT ROAD, MS 228</u> <u>DEERFIELD, IL 60015</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<u>ZAPHER DAJANI</u> <u>7776 ENDS AVE</u> <u>LAJOLLA, CA 92037</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<u>ZXY INTERNATIONAL</u> <u>P.O. BOX 18158</u> <u>DUBAI, UNITED ARAB EMIRATES</u>	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<u>EUGENE 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.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	<u>PATRICIA HEARST SHAW</u> <u>51 UPPER STATION ROAD</u> <u>GARRISON, NY 10524</u>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<u>STEPHEN FRY</u> <u>C/O HAMILTON HODELL LIMITED, 5TH FL,</u> <u>66 68 MARGARET STREET</u> <u>LONDON, UNITED KINGDOM W1W 8SR</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<u>TAMMY CHRISTINA</u> <u>18 KARA ROAD</u> <u>SEAVIEW DOWNS, AUSTRALIA</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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
33	PHOTOGRAPH "JEWELS IN AFTERNOON LIGHT #3"	\$ 60,000.	02/11/19
34	ARTWORK "LIGHTNESS OF BEING (HER MAJESTY)"	\$ 125,000.	02/11/19
35	(4) ROUNDTrip BUSINESS CLASS TRAVEL	\$ 21,000.	02/11/19
36	PHOTOGRAPH "LADY GAGA, LOS ANGELES, CA 2016"	\$ 13,500.	02/11/19
37	YAMAHA N3 AVANT GRAND HYBRID PIANO	\$ 45,000.	02/11/19
38	MALDIVES VACATION	\$ 45,000.	02/11/19

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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
39	ROCKETMAN PREMIERE (3) _____ _____ _____	\$ 58,800.	02/11/19
40	NEON ARTWORK "THE HEART HAS ITS REASONS " _____ _____ _____	\$ 65,000.	02/11/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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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 completing 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 for instructions and the latest information.**

OMB No. 1545-0047

2019
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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,428.	18,592.	9,836.
d Equipment		106,506.	90,898.	15,608.
e Other		24,217.	24,217.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,444.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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) REFUNDABLE DEPOSITS	28,056.
(2) RELATED PARTY RECEIVABLE	100,523.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	128,579.

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) GRANT CREDITORS	3,289,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,289,000.

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 FASB 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	9,114,213.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-63,419.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-63,419.
3	Subtract line 2e from line 1		3	9,177,632.
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	-3,039,114.	
c	Add lines 4a and 4b		4c	-3,039,114.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,138,518.

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	16,263,882.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,039,114.	
e	Add lines 2a through 2d		2e	3,039,114.
3	Subtract line 2e from line 1		3	13,224,768.
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	13,224,768.

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	-3,039,114.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RECLASS	3,039,114.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization ELTON JOHN AIDS FOUNDATION, INC.	Employer identification number 58-2033460
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CANADA	0	0	GRANT MAKING	GENERAL SUPPORT	56,150.
3 a Subtotal	0	0			56,150.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			56,150.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	GENERAL SUPPORT	56,150.	GRANT	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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 G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		OSCARS 2019 (event type)	JEFFREY FASHION CARE (event type)	NONE (total number)	
Revenue	1	Gross receipts	6,798,842.	101,528.	6,900,370.
	2	Less: Contributions	6,365,542.	101,528.	6,467,070.
	3	Gross income (line 1 minus line 2)	433,300.		433,300.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	55,570.		55,570.
	7	Food and beverages	366,629.		366,629.
	8	Entertainment	110,993.		110,993.
	9	Other direct expenses	2,581,460.	26,048.	2,607,508.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			3,140,700.
11	Net income summary. Subtract line 10 from line 3, column (d)			-2,707,400.	

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			
	2	Cash prizes			
Direct Expenses	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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

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 for the latest information.**

OMB No. 1545-0047

2019
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? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIDS UNITED 1101 14TH ST NW, SUITE 300 WASHINGTON, DC 20005	52-1706646	501(C)(3)	11,000,000.	0.			GENERAL SUPPORT
AIDS UNITED 1101 14TH ST NW, SUITE 300 WASHINGTON, DC 20005	52-1706646	501(C)(3)	18,000.	0.			GENERAL SUPPORT
KAISER FAMILY FOUNDATION 185 BERRY ST, SUITE 2000 SAN FRANCISCO, CA 94107	94-6064808	501(C)(3)	84,814.	0.			GENERAL SUPPORT
ELIZABETH TAYLOR AIDS FOUNDATION 2049 CENTURY PARK EAST, SUITE 1400 LOS ANGELES, CA 90067	95-4349614	501(C)(3)	42,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

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.

Schedule I (Form 990) (2019)

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 noncash 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 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	4	263,500.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIRFARE/RESOR)	X	2	66,000.	FMV
26 Other ▶ (PREMIERE)	X	1	58,800.	FMV
27 Other ▶ (PIANO)	X	1	45,000.	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.		

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

Lined area for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2019Open 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****DURING 2019, EJAF AWARDED \$11.2 MILLION IN GRANTS TO ORGANIZATIONS****WORKING IN THE UNITED STATES. EJAF'S GRANT MAKING IS GUIDED BY NATIONAL****AND LOCAL DATA THAT HIGHLIGHTS WHERE HIV PREVALENCE IS HIGH TO FOCUS****ITS GRANT MAKING AND INCREASE ITS' IMPACT. EJAF'S GRANT MAKING GOALS****ARE THE FOLLOWING:****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.****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.**

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number

58-2033460

EJAF'S GRANTMAKING FOCUSES ON SPECIFIC GOALS AND THEMES TO SUPPORT COMMUNITIES MOST AFFECTED BY HIV. AREAS OF FOCUS IN 2019 INCLUDED:

SUPPORT COMMUNITY-BASED NETWORKS AND ORGANIZATIONS LED-BY AND SUPPORTING TRANSGENDER PEOPLE AND BLACK GAY AND BISEXUAL MEN, WHO ARE DISPROPORTIONATELY AFFECTED BY HIV IN THE UNITED STATES, WITH A PARTICULAR FOCUS ON THE SOUTHERN STATES.

SUPPORT ASSOCIATIONS AND NETWORKS TO PROVIDE DIRECT LEGAL SERVICES AND ADVOCACY TO FIGHT HIV-RELATED DISCRIMINATION AND THE CRIMINALIZATION OF HIV STATUS;

SUPPORT NETWORKS AND ORGANIZATION TO ADVOCATE IMPROVED NATIONAL AND STATE HEALTH CARE POLICIES, DRUG PRICING, AND INSURANCE COVERAGE AVAILABLE TO PEOPLE VULNERABLE AND LIVING WITH HIV;

SUPPORTING COLLABORATION AMONG HIV ADVOCATES WITH THOSE WORKING ON ISSUES OF RACIAL AND ECONOMIC JUSTICE AND GENDER EQUITY; AND LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT TO IMPROVE AND SUSTAIN PROGRESS TOWARD ENDING THE AIDS EPIDEMIC AT LOCAL LEVELS.

EJAF'S PRIORITIZATION OF EFFORTS TO EXPAND HEALTH EQUITY IN THE SOUTHERN U.S., AS DEMONSTRATED IN THE FOUNDATION'S 2019 GRANT MAKING, INDICATE 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.

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

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

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.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	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		HY16	100,571.				100,571.	71,996.		12,968.	84,964.
2	FURNITURE & FIXTURES	VARIOUS	VAR	.000		HY16	24,217.				24,217.	21,817.		2,400.	24,217.
3	LEASEHOLD IMPROVEMENT	VARIOUS	VAR	.000		HY16	28,428.				28,428.			18,592.	18,592.
4	COMPUTER SOFTWARE	VARIOUS	VAR	.000		HY16	5,935.				5,935.	5,935.		0.	5,935.
	* TOTAL 990 PAGE 10 DEPR						159,151.				159,151.	99,748.		33,960.	133,708.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

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	1,020,000.
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	2,550,000.
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 2018 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 2020. 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	33,960.

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 2019	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 2019 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 2019 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	33,960.
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
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2019 tax year:

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

43 Amortization of costs that began before your 2019 tax year **43**

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
DECEMBER 31, 2019

PREPARED FOR:

ELTON JOHN AIDS FOUNDATION, INC.
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

PREPARED BY:

UHY ADVISORS NY, INC.
1185 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK, NY 10036

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
DECEMBER 31, 2019

PREPARED FOR:

ELTON JOHN AIDS FOUNDATION, INC.
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

PREPARED BY:

UHY ADVISORS NY, INC.
1185 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK, NY 10036

AMOUNT OF TAX:

BALANCE DUE OF \$150

MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 16, 2020

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

TAXABLE YEAR
2019

**California Exempt Organization
Annual Information Return**

928941 12-04-19
FORM
199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **ELTON JOHN AIDS FOUNDATION, INC.** California corporation number: **1910758**

Additional information. See instructions. FEIN: **58-2033460**

Street address (suite or room): **584 BROADWAY, SUITE 906** PMB no. _____

City: **NEW YORK** State: **NY** ZIP code: **10012**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	944,097	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	8,345,121	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	9,289,218	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	10,000	00
	7	Total costs. Add line 5 and line 6	7	10,000	00
	8	Total gross income. Subtract line 7 from line 4	8	9,279,218	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	16,365,468	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-7,086,250	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Title: **CHIEF EXECUTIV** Date: **06 November 2020** Telephone: **212-219-0670**

Paid Preparer's Use Only Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P01595226**

Firm's name (or yours, if self-employed) and address: **UHY ADVISORS NY, INC.** Telephone: **14-1555429**
1185 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK, NY 10036 Telephone: **(212) 381-4700**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	433,300	00
	2	Interest	•	2	395,527	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6	13,684	00
	7	Other income	•	7	101,586	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	944,097	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	11,234,785	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	0	00
	12	Other salaries and wages	•	12	644,390	00
	13	Interest	•	13		00
	14	Taxes	•	14	42,576	00
	15	Rents	•	15	130,965	00
	16	Depreciation and depletion (See instructions)	•	16	33,960	00
	17	Other Expenses and Disbursements	•	17	4,278,792	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	16,365,468	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		7,068,152		• 3,015,252
2 Net accounts receivable				•
3 Net notes receivable STMT 7		56,415		• 109,415
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 8		14,341,415		• 13,049,312
10 a Depreciable assets	145,864		159,151	
b Less accumulated depreciation	(99,748)	46,116	(133,707)	25,444
11 Land				•
12 Other assets STMT 9		1,092,865		• 2,414,277
13 Total assets		22,604,963		18,613,700
Liabilities and net worth				
14 Accounts payable		547,681		• 157,596
15 Contributions, gifts, or grants payable		3,822,635		• 3,408,230
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 10		602,104		• 4,565,000
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		17,632,543		• 10,482,874
22 Total liabilities and net worth		22,604,963		18,613,700

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• -7,149,669	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year *	• 63,419	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-7,086,250
6 Total. Add line 1 through line 5	-7,086,250		

* **STMT 11**

ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ABBEY RESTAURANT AND BAR	121 SOUTH ROSSMORE AVENUE LOS ANGELES, CA 90004		14,000.
AEG PRESENTS LLC	425 WEST 11TH STREET, SUITE 320 LOS ANGELES, CA 90015		315,000.
AL WEILER AND KAREN BUGLISI WEILER	105 RODEO DRIVE SYOSSET, NY 11791		32,000.
ALAMO COMMUNITY FUND	612 EAST SIXTH STREET AUSTIN, TX 78701		12,750.
ALCIONE FAMILY OFFICE SERVICES INC.	ATAGO GREEN HILLS FOREST TOWER 21061, 105-0002 TOKYO JAPAN		14,000.
AMAZON	1620 26TH STREET, SUITE 4000N SANTA MONICA, CA 90404		250,000.
ANDREW D BUTCHER FAMILY FUND	1225 MESA ROAD SANTA BARBARA, CA 93108		22,000.
ANIL MOHIN & JOHN SCHOLZ	11453 DONA TERESA DRIVE STUDIO CITY, CA 91604		5,000.
AQUILINI GROUP	ROGERS ARENA, 800 GRIFFITHS WAY, GATE 16 VANCOUVER CANADA V6B 6G1		55,000.
ARGLYE PRODUCTIONS	6200 BROOKSIDE DRIVE CHEVY CHASE, MD 20815		19,000.
ARTIST BRAND ALLIANCE	11 EAST 86TH STREET NEW YORK, NY 10028		5,500.
BLEONA QERETI	7111 SANTA MONICA BOULEVARD LOS ANGELES, CA 90046		7,000.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

BLUEFISH	8033 WEST SUNSET BOULEVARD, SUITE 259 LOS ANGELES, CA 90046	181,500.
BT/A ADVERTISING	559 COLLEGE STREET, SUITE 401 TORONTO CANADA M6G 1A9	5,500.
CADILLAC	C/O KOVERT CREATIVE, 665 BROADWAY NEW YORK, NY 10012	142,000.
CAITLYN JENNER FOUNDATION	C/O BOULEVARD MANAGEMENT, 21731 VENTURA BOULEVARD, SUITE 300 WOODLAND HILLS,	5,000.
CAROL E. HAMILTON	1515 RED FOX ROAD COLUMBUS, NC 28722	23,000.
CHAHIL GLOBAL MARKETING AND INNOVATIONS ADVISORY	961 LOS ALTOS AVENUE LOS ALTOS, CA 94022	5,500.
CHANEL, INC	15 EAST 57TH STREET, 14TH FLOOR NEW YORK, NY 10022	55,000.
CHICAGO MEDIA PROJECT/WAVELENGTH PRODUCTIONS	301 WEST GRAND AVENUE, BOX 170 CHICAGO, IL 60654	55,000.
CHRIS COLFER	21650 OXNARD STREET, SUITE 350 WOODLAND HILLS, CA 91367	5,000.
CHRISTINE SUPPES	1335 COUPER STREET PALO ALTO, CA 94301	14,000.
CINDY COWAN ENTERTAINMENT	8265 SUNSET BOULEVARD, SUITE 205 LOS ANGELES, CA 90046	10,000.
COLTON HAYNES	2026 HOLLY HILL TERRACE LOS ANGELES, CA 90068	5,500.
COMBINED PROPERTIES, INC.	1025 THOMAS JEFFERSON STREET NW WASHINGTON, DC 20007	50,000.
CURA CANNABIS SOLUTIONS, INC	3101 SW RIVER PKWY PORTLAND, OR 97239	7,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

DAN SCOTTI DESIGN & DEVELOPMENT	83 SHERRILL ROAD EAST HAMPTON, NY 11937	5,500.
DART GROUP FOUNDATION	1025 THOMAS JEFFERSON STREET NW, SUITE 700 EAST WASHINGTON, DC 20007	5,000.
DAVE FELDMAN	1990 SOUTH BUNDY DRIVE, SUITE 200 LOS ANGELES, CA 90025	11,000.
DAVID COLBURN	600 NORTH FAIRBANKS COURT, APT. 2402 CHICAGO, IL 60611	5,000.
DIAGEO AMERICAS, INC	801 MAIN AVENUE NORWALK, CT 06851	60,000.
DOLLINGER PROPERTIES	555 TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065	25,000.
DR. GREGORY HOLT	1399 E 27 STREET TULSA, OK 74114	12,500.
DSQUARED2	VIA CERESIO 9 MILAN ITALY 20154	21,000.
ELISABETH MURDOCH AND KEITH TYSON	56 AVENUE ROAD LONDON UNITED KINGDOM WB 6HT	10,000.
EARTH USA	2 DURAND GARDENS LONDON UNITED KINGDOM W9 0PP	22,000.
ECOR1 CAPITAL	401 ILLINOIS STREET SAN FRANCISCO, CA 94158	28,000.
ED FINGER	2900 WEST DALLAS STREET HOUSTON, TX 70019	14,000.
EDWARD F. LIMATO FOUNDATION	400 N. MANSFIELD AVENUE LOS ANGELES, CA 90036	11,000.
ERIC AVRAM	57 MONTAGUE STREET BROOKLYN, NY 11201	5,000.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

ESSENCE	2 BRADBROOK HOUSE, STUDIO PLACE LONDON UNITED KINGDOM SW1 X8EL	25,000.
EUGENE SADOVOY	3100 KINGS COURT LOS ANGELES, CA 90077	5,500.
EYES ONLY MEDIA	610 LAKE AVENUE TRAVERSE CITY, MI 49684	5,500.
FERNANDO ALVAREZ BOGNAR	6001 LA GORCE DRIVE MIAMI BEACH, FL 33140	5,000.
FOUNDATION FOR BROTHERHOOD	906 MOSSBRIDGE COURT PLEASANT HILL, CA 94523	5,000.
FRIENDS IN DEED	594 BROADWAY, SUITE 706 NEW YORK, NY 10012	250,000.
GALERIE URSULA KRINZINGER	SEILERSTATTE 16, 1010 VIENNA AUSTRIA	5,720.
GARY TIGGES MD	2900 MCKINNIN STREET, #1201 DALLAS, TX 75201	11,000.
GEOFFREY GARTH	32 57TH PLACE LONG BEACH, CA 90803	5,500.
GEORGE AND JUDY MARCUS FOUNDATION	777 SOUTH CALIFORNIA AVENUE PALO ALTO, CA 94304	27,500.
GILEAD SCIENCES, INC.	333 LAKESIDE DRIVE FOSTER CITY, CA 94404	150,000.
GIRIVINOTHAN PALANISWAMY	8500 BURTON WAY LOS ANGELES, CA 90048	14,000.
GLORIA BUTLER MANAGEMENT	15165 VENTURA BOULEVARD, SUITE 230 SHERMAN OAKS, CA 91403	5,500.
GRUBMAN SHIRE MEISELAS & SACKS, P.C.	152 WEST 57TH STREET, 31ST FLOOR NEW YORK, NY 10019	15,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

GUCCI AMERICA INC.	195 BROADWAY, 14TH FLOOR NEW YORK, NY 10007	55,000.
GUGGENHEIM PARTNERS	100 WILSHIRE BOULEVARD, SUITE 500 SANTA MONICA, CA 90401	55,000.
GUY AND LISA RUFFIN	14805 87TH AVENUE EAST PUYALLUP, WA 98375	300,150.
HALL ENTERTAINMENT GROUP	CHARLOTTENBURGER UFER 16B BERLIN GERMANY 10587	11,000.
HAMILTON-SELWAY FINE ART	8678 MELROSE AVENUE WEST HOLLYWOOD, CA 90069	11,000.
HANLEY ADVISORS, LLC	40 WEST 57TH STREET, 20TH FLOOR NEW YORK, NY 10019	14,000.
HEATHER AND BERNARD TAUPIN	2905 ROUNDUP ROAD SANTA YNEZ, CA 93460	11,000.
HEIDI KLUM COMPANY LLC	568 BROADWAY, ROOM 603 NEW YORK, NY 10012	10,000.
HENDON PROPERTIES	3445 PEACHTREE ROAD, SUITE 465 ATLANTA, GA 30326	20,000.
HOUSE OF KIRSCHNER	CAMPOS ELISEOS #60 POLANCO V SECCION MEXICO CITY MEXICO 11560	11,000.
HULL FOUNDATION	P.O. BOX 5329 MIDLOTHIAN, VA 23112	21,000.
ICM PARTNERS	1260 CONSTELLATION BOULEVARD, SUITE 3252 LOS ANGELES, CA 90067	5,500.
ILANA KLOSS	101 WEST 79TH STREET NEW YORK, NY 10024	5,000.
IRENE MICHAELS	505 NORTH LAKE SHORE DRIVE, UNIT 1416 CHICAGO, IL 60611	5,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

ISLAND RECORDS/ MUSIC GROUP	UNIVERSAL 1755 BROADWAY, 7TH FLOOR NEW YORK, NY 10019	25,000.
CORPOATE SPORT, INC.	9119 CHURCH STREET MANASSAS, VA 20110	11,000.
JAMES C. HORMEL REVOCABLE LIVING TRUST	101 MISSION STREET, SUITE 1750 SAN FRANCISCO, CA 94105	5,000.
JEFF GORDON	6020 BEACON SHORES STREET TAMPA, FL 33616	5,000.
JEFF H. COLLINS	5410 WILSHIRE BOULEVARD LOS ANGELES, CA 90036	5,000.
JEFF KRUG	PO BOX 11759 HOUSTON, TX 77293	5,000.
JEFF SCOTT DENSIC	1644 PALMCROFT WAY, SW PHOENIX, AZ 85007	7,000.
JENNIFER TILLY	16800 DEVONSHIRE STREET #210 GRANADA HILLS, CA 91344	11,000.
JF&G PICTURES	2600 OLIVE AVENUE BURBANK, CA 91505	14,000.
JJ LA	3780 WILSHIRE BOULEVARD LOS ANGELES, CA 90010	13,000.
JOE AND CATERINA JACKMAN	PO BOX 211 TORONTO CANADA M5T 2WI	11,000.
JOSEPH B. GOULD FOUNDATION	1801 CENTURY PARK EAST, SUITE 2230 LOS ANGELES, CA 90067	10,000.
JUAN C. MARTINEZ AND JENNIFER DOMINIQUINI	5206 BRIARWICK MEADOW LANE SUGAR LAND, TX 77479	5,000.
JUPITER ISLAND LANDSCAPE, INC.	P.O. BOX 4500 TEQUESTA, FL 33469	5,500.
JUSTIN MCBAIN	1450 UNION STREET SAN FRANCISCO, CA 94109	5,000.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

KAI-YIN KELLY LAI	1402 1288 PULLMAN PORTER STREET VANCOUVER CANADA V6A OH2	11,000.
KATIE CLEARLY	P.O. BOX 643 WOODLAND HILLS, CA 91365	5,500.
KIERON RICHARDSON	1 CASTERTON WAY MANCHESTER UNITED KINGDOM M28 1UR0U	5,500.
LAMBDA LEGAL DEFENSE AND EDUCATION FUND	120 WALL STREET, 19TH FLOOR NEW YORK, NY 10005	101,528.
LANIER BRANNEN	3 GROVE ISLE DRIVE MIAMI, FL 33133	5,500.
CHARLOTTE LARSON	4425 LAUREL GROVE AVENUE STUDIO CITY, CA 91604	11,000.
LAURA LANDAU	4021 ETHEL AVENUE STUDIO CITY, CA 91604	10,000.
LAW OFFICES OF RICHARD BERNSLEY	76 BONIFACE DRIVE, SUITE 10 PINE BUSH, NY 12566	24,000.
LEE BENNETT	6 SOUTH CLOSE LONDON UNITED KINGDOM N6 5UQ	9,000.
LISA GRAGNANI	P.O. BOX 187 TRANQUILITY, CA 93668	5,000.
LUXE MEDIA	215 FANSHAW PARK ROW, SUITE 105 ONTARIO CANADA N6G 5A9	11,000.
LYNN WYATT	3638 MEADOW LAKE LANE HOUSTON, TX 77027	12,500.
MARC FREED-FINNEGAN	171 LIBERTY STREET SAN FRANCISCO, CA 94110	5,500.
MARCEL REMUS INTERNATIONAL	CAMI DE GENOVA 4, LOC 4 PALMA SPAIN 07014	16,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

MARK LASH	9033 LESLIE STREET, UNIT NUMBER 8 RICHMOND HILL CANADA L4B 1G2	5,500.
MARRIOTT BONVOY	50 WEST 23RD STREET, 7TH FLOOR NEW YORK, NY 10010	195,000.
MARTIN AND CELESTINA HUGHES	65 FROGNAL LONDON UNITED KINGDOM NX3 6YA	5,000.
MARTIN SIMON & BROOKE GOLDSTEIN	200 BELLEVUE PARKWAY SUITE 525 WILMINGTON, DE 19809	5,000.
MATTHEW SIEGAL	6312 SEVEN CORNERS CENTER FALLS CHURCH, VA 22044	20,000.
MEERA GANDHI	55 EAST 74TH STREET NEW YORK, NY 10021	340,000.
MELINDA & DOUG WILLIAMS	509 EAST 2ND STREET BOSTON, MA 02127	5,000.
MGW ADVERTISING	8581 SANTA MONICA BOULEVARD, SUITE 469 WEST HOLLYWOOD, CA 90069	11,000.
MICHAEL MELNICK AND FIN GRAY	6 BOULDER BROOK ROAD WILTON, CT 06897	100,000.
MICHAEL SUPPES	2223 MICHELTORENA STREET LOS ANGELES, CA 90039	40,000.
MIKE DE PAOLA	111 CENTRAL PARK NORTH, PH B NEW YORK, NY 10026	200,000.
MILOS AND MARTINA FORMAN	29 CARTER ROAD CORNWALL BRIDGE, CT 06754	5,000.
MOVIEPASS FILMS	8200 WILSHIRE BOULEVARD, 3RD FLOOR BEVERLY HILLS, CA 90211	49,500.
NADIA SAPUTO EVENTS	105 RUE NORTHVIEW DES ORMEAUX CANADA H98 3J6	21,000.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

NAPA VALLEY WINE AUCTION	1101 CLARK STREET NAPA, CA 94559	70,000.
NEUROBRANDS	27560 PACIFIC COAST HIGHWAY MALIBU, CA 90265	125,000.
NEWMAN'S OWN FOUNDATION	ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	10,000.
NICHOLAS & VALERIA BOATMAN	42 INDIAN PATH MONROE TOWNSHIP, NJ 08831	11,000.
NJ FALK & MARK GOLDSTON	14139 BERESFORD ROAD BEVERLY HILLS, CA 90210	11,000.
NKSFB	10960 WILSHIRE BOULEVARD, 5TH FLOOR LOS ANGELES, CA 90024	14,000.
OGER ENTERTAINMENT LLC	7855 BOULEVARD EAST, SUITE 6E NORTH BERGEN, NJ 07047	11,000.
ONE TWELVE FIVE	2800 BRONSON BOULEVARD KALAMAZOO, MI 49008	14,000.
PAOLINO PROPERTIES	100 WESTMINISTER STREET PROVIDENCE, RI 02903	11,000.
PARAMOUNT PICTURES	5555 MELROSE AVENUE, HART 404 HOLLYWOOD, CA 90038	75,000.
PARK CASINO	2999 STREET ROAD BENSLEM, PA 19020	100,000.
PATRICIA ARQUETTE	9460 WILSHIRE BLVD., 7TH FLOOR BEVERLY HILLS, CA 90212	5,000.
PERFORMANCE ENTERTAINMENT	21900 BURBANK BOULEVARD, SUITE 300 WOODLANDS HILLS, CA 91367	19,000.
PETER THOMAS ROTH	460 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10021	25,000.
PHILIP HADDAD	294 BORDEN STREET TORONTO CANADA M5S 2N6	5,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

PISHEVAR FAMILY OFFICE	4647 PINE TREE DRIVE MIAMI BEACH, FL 33140	11,000.
PRIYA NATAYA LUNDBERG	300 MERCER STREET, 23G NEW YORK, NY 10003	5,500.
PROXIMA	2121 AVENUE OF THE STARS, SUITE 2320 LOS ANGELES, CA 90067	27,500.
HIMITSU	1 BLYTHE ROAD LONDON UNITED KINGDOM W14 OHG	75,376.
RED SONGBIRD C/O MONARCH BUSINESS AND WEALTH MANAGEMENT	9350 WILSHIRE BOULEVARD, SUITE 328 BEVERLY HILLS, CA 90212	530,000.
RICARDO MORA AND DANIEL HUGUET	CARRER DE ROCA CORBA 12 ESCALDES ANDORRA AD700	11,000.
RMS PRODUCTIONS	269 SOUTH BEVERLY DRIVE, #465 BEVERLY HILLS, CA 90212	11,000.
ROBERT & JOAN BLACKMAN FAMILY FOUNDATION	6949 DUNE DRIVE MALIBU, CA 90265	30,000.
ROD VANDERBILT	275 NE 18TH STREET MIAMI, FL 33132	6,000.
RONDA STRYKER	21 DOLPHIN LANE KEY LARGO, FL 33037	350,000.
ROY BOYCE GALVAN	AVENIDA SANTA CRUZ DE BEZANA, 32 SANTA CRUZ DE BEZANA SPAIN 39100	13,941.
SERAPH MEDICAL	2080 CENTURY PARK EAST, SUITE 710 LOS ANGELES, CA 90067	57,500.
SERGIO RIZZUTO	7C YEARLING PATH NECK, NJ 07722	205,500.
SKIP & SYOSS	510 GRAND BOULEVARD VENICE, CA 90291	35,465.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

SLO VIP SERVICES	2 JACKSON STREET, SUITE 200 SAN FRANCISCO, CA 94111	14,000.
SPIRIT OF AMERICA PRODUCTIONS	6044 BELLEVUE PLACE FRISCO, TX 75034	11,000.
SPS ART	839 RANCHO ROAD THOUSAND OAKS, CA 91362	11,000.
SQUARE 1 THEATRICALS	22 SOUTH LEWIS AVENUE TULSA, OK 74104	11,000.
STEFERE LIMITED	366 MADISON AVE NEW YORK, NY 10017	11,000.
STEPHEN & TAMRAH O'NEIL	2330 LAKE OF THE ISLES PARKWAY WEST MINNEAPOLIS, MN 55405	5,000.
STEPHEN P. CARLINO AND DENNIS R. FEE	2301 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33306	16,000.
STEVEN AND LAURA MAYER FAMILY FOUNDATION	21600 OXNARD STREET, SUITE 700 WOODLAND HILLS, CA 91367	21,000.
STEWART POWELL	143 NORTH ARNAZ DRIVE BEVERLY HILLS, CA 90211	5,000.
STHEFANO BRUNO PINTO DA COSTA	RUA BENEDITO LAPIN, 81 - 04532-040 SAO PAULO BRAZIL	28,000.
STRUCTURE MANAGEMENT MIDWEST, LLC	908 NORTH HALSTED STREET CHICAGO, IL 60022	55,000.
SUTTON STRACKE	10646 SOMMA WAY LOS ANGELES, CA 90077	77,500.
SUZAN HUGHES EDUCATION FOUNDATION	1052 NORTH BEVERLY DRIVE BEVERLY HILLS, CA 90210	5,500.
T CAPITAL MANAGEMENT	725 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10022	16,500.
TANYA JOHNSON	15880 EL CAMINO REAL SANTA FE, CA 92067	5,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

TERRY LATHAM	12535 LOCHMEADOWS DRIVE DALLAS, TX 75244	14,000.
TEXTIT FILMS LTD	25 GILBERT STREET LONDON UNITED KINGDOM W1K 5HX	14,000.
THE FOUNDATION FOR GLOBAL SPORTS DEVELOPMENT	333 SOUTH HOPE STREET, 43RD FLOOR LOS ANGELES, CA 90071	100,000.
THE GRALNICK FOUNDATION	4300 CYPRESS STREET TAMPA, FL 33607	12,500.
THE HOLLIES	FILTON ROAD, HAMBROOK BRISTOL UNITED KINGDOM BS16 1QG	50,000.
THE LILIAN WREN FOUNDATION	P.O. BOX 5010 MONROE, CT 06468	11,000.
THE MARILYN AND JEFFREY KATZENBERG FOUNDATION	100 UNIVERSAL PLAZA, BUILDING 5121 UNIVERSAL CITY, CA 91608	25,000.
THE MARSHALL MATHERS FOUNDATION	1760 SOUTH TELEGRAPH ROAD, SUITE 300 BLOOMFIELD HILLS, MI 48302	10,000.
THE NAGA GROUP AG	C/O APEIRON INVESTMENT, BLOCK A, APT. 12, IL SLIEMA MALTA SLM1605	198,000.
THE NEW YORK COMMUNITY TRUST	225 EAST 57TH STREET, PH B NEW YORK, NY 10022	25,000.
THE PATTILLO FAMILY FUND	635 WEEPING BRANCH CT. DULUTH, GA 30097	5,000.
THE PAUL E. SINGER CHARITABLE FUND	40 WEST 57TH STREET NEW YORK, NY 10019	10,000.
THE STANLEY AND JOYCE BLACK FAMILY FOUNDATION	9665 WILSHIRE BLVD, SUITE 200 BEVERLY HILLS, CA 90212	5,500.
THERME GROUP	WIENERBERGSTRASSE 51, 1120 VIENNA AUSTRIA	10,967.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

THIRST PROJECT	5478 WILSHIRE BOULEVARD, SUITE 400 LOS ANGELES, CA 90036	7,000.
THOMAS CRIDLAND	HOME FARM HOUSE, LILFORD PETERBOROUGH UNITED KINGDOM PE8 5SG	15,000.
THOMAS F. KRANZ	245 STRADA CORTA ROAD LOS ANGELES, CA 90077	5,500.
TIFFANY & CO	727 FIFTH AVENUE NEW YORK, NY 10022	14,000.
TIMOTHY MITCHELL	3300 WINDY RIDGE PARLWAY ATLANTA, GA 30339	5,000.
AJAMIE LLP	711 LOUISIANA, SUITE 2150 HOUSTON, TX 77002	7,000.
TONNIE SCHMIDT	5265 JUNIPER LANE WEST BEND, WI 53095	28,500.
TROY JONES AND JASON BALL	1600 NORTH DOHENY DRIVE LOS ANGELES, CA 90069	11,000.
STONECIPHER CHARITABLE REMAINDER UNITRUST	P.O. BOX 607 SIKETON, MO 63801	43,396.
TULSA CARES	3712 EAST 11TH STREET TULSA, OK 74119	11,000.
UNITED TALENT AGENCY	9336 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210	11,000.
URBAN ZEN	250 WEST 57TH STREET, 23RD FLOOR NEW YORK, NY 10107	7,000.
US FUND FOR UNICEF	125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	55,000.
VACATIONSTYLE	55 WHITE STREET NEW YORK, NY 10013	48,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

VERIZON (ROGER & COWAN)	1840 CENTURY PARK EAST, 2ND FL LOS ANGELES, CA 90067	87,500.
VIRGINIA FOUT AND MICHAEL WHETSTONE	742 SOUTH CLOVERDALE AVENUE LOS ANGELES, CA 90036	5,500.
VIRGINIA FOUT AND MICHAEL WHETSTONE	742 SOUTH CLOVERDALE AVENUE LOS ANGELES, CA 90036	11,000.
WELLS FARGO BANK N.A.	WELLS FARGO ENTERPRISE MARKETING SAN FRANCISCO, CA 94105	25,000.
WILDMAN EVENT GROUP	1438 NORTH GOWER STREET, BOX 11 LOS ANGELES, CA 90028	7,500.
WILLIAM & CINDEE DIETZ	1564 PORTIA ROAD GRAYSLAKE, IL 60030	20,000.
WILLIAM AND MARY NELL BROWNING	2200 WILLOWICK ROAD HOUSTON, TX 77027	5,000.
XS PUBLIC RELATIONS	6147 SAN VICENTE BOULEVARD LOS ANGELES, CA 90048	169,500.
PHILIP YEE	1594 VIA CAPRI LAGUNA BEACH, CA 92651	16,500.
WALGREENS BOOTS ALLIANCE	200 WILMOT ROAD, MS 228 DEERFIELD, IL 60015	50,000.
ZAPHER DAJANI	7776 ENDS AVE LAJOLLA, CA 92037	5,500.
ZXY INTERNATIONAL	P.O. BOX 18158 DUBAI UNITED ARAB EMIRATES	14,000.
EUGENE LOPEZ	406 DRURY LANE BEVERLY HILLS, CA 90210	55,000.
PATRICIA HEARST SHAW	51 UPPER STATION ROAD GARRISON, NY 10524	120,000.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

STEPHEN FRY

C/O HAMILTON HODELL LIMITED,
5TH FL, 66 68 MARGARET STREET
LONDON UNITED KIN

5,500.

TAMMY CHRISTINA

18 KARA ROAD SEAVIEW DOWNS
AUSTRALIA

5,500.

TOTAL INCLUDED ON LINE 3

7,521,793.

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

ELIZABETH TAYLOR ARCHIVE

9701 WILSHIRE BLVD, SUITE 600 BEVERLY
HILLS, CA 90212PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFTPHOTOGRAPH "JEWELS IN AFTERNOON
LIGHT #3"

02/11/19

60,000.

60,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

CHRIS LEVINE

100 DRUMMOND ROAD LONDON UNITED KINGDOM
SE16 4DGPROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFTARTWORK "LIGHTNESS OF BEING (HER
MAJESTY)

02/11/19

125,000.

125,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

AMERICAN AIRLINES

2 PARK AVE, 11TH FLOOR NEW YORK, NY 10016

PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFT(4) ROUNDTRIP BUSINESS CLASS
TRAVEL

02/11/19

21,000.

21,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MARK SELIGER STUDIO

162 CHARLES STREET NEW YORK, NY 10014

PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFTPHOTOGRAPH "LADY GAGA, LOS
ANGELES, CA 2016"

02/11/19

13,500.

13,500.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

HIMITSU

1 BLYTHE ROAD LONDON UNITED KINGDOM W14 OHG

PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFTYAMAHA N3 AVANT GRAND HYBRID
PIANO

02/11/19

45,000.

45,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

JOALI RESORT

MURAVANDHOO ISLAND RAA ATOLL MALDIVES

PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFT

MALDIVES VACATION

02/11/19

45,000.

45,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

PARAMOUNT PICTURES

5515 MELROSE AVE LOS ANGELES, CA 90038

PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFT

ROCKETMAN PREMIERE (3)

02/11/19

58,800.

58,800.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

TRACEY EMIN STUDIO

1 TENTER GROUND LONDON UNITED KINGDOM E1
7NHPROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFTNEON ARTWORK "THE HEART HAS ITS
REASONS "

02/11/19

65,000.

65,000.

TOTAL INCLUDED ON LINE 3

433,300.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460CA 199GROSS AMOUNT FROM SALE OF ASSETSSTATEMENT 3

<u>DESCRIPTION</u>	<u>DATE</u>	<u>DATE</u>	<u>METHOD</u>	
	<u>ACQUIRED</u>	<u>SOLD</u>	<u>ACQUIRED</u>	
			PURCHASED	
	<u>COST OR</u>		<u>EXPENSE</u>	<u>GROSS</u>
	<u>OTHER BASIS</u>	<u>DEPREC.</u>	<u>OF SALE</u>	<u>SALES PRICE</u>
	<u>10,000.</u>	<u>0.</u>	<u>0.</u>	<u>13,684.</u>
TOTAL TO FORM 199, PAGE 2, LN 6	<u>10,000.</u>	<u>0.</u>	<u>0.</u>	<u>13,684.</u>

CA 199OTHER INCOMESTATEMENT 4

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MISCELLANEOUS	<u>101,586.</u>
TOTAL TO FORM 199, PART II, LINE 7	<u>101,586.</u>

ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
DAVID FURNISH 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	CHAIRMAN 1.00	0.
LYNDA FUNKE (RESIGNED 4/28/20) 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	DEPUTY CHAIR 1.00	0.
TRACY BLACKWELL 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	TREASURER 1.00	0.
RICHARD REGER 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	SECRETARY 1.00	0.
MARK DYBUL 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	EXECUTIVE BOARD MEMBER 1.00	0.
THOMAS E. MOORE III 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	EXECUTIVE BOARD MEMBER 1.00	0.
ILANA KLOSS 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	EXECUTIVE BOARD MEMBER 1.00	0.
SAMUEL BARON SEGAR 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	EXECUTIVE BOARD MEMBER 1.00	0.
ERIC GOOSBY 584 BROADWAY, SUITE 906 NEW YORK, NY 10012	EXECUTIVE BOARD MEMBER 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

CA 199

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	AMOUNT
COMMUNICATIONS & MARKET	68,011.
LICENSES AND FEES	28,123.
TELEPHONE	9,435.
BANK CHARGES	1,521.
DIRECT EXPENSES OF FUNDRAISING EVENTS	3,140,700.
PENSION PLAN CONTRIBUTIONS	45,698.
OTHER EMPLOYEE BENEFITS	58,218.
LEGAL FEES	17,613.
ACCOUNTING FEES	34,398.
INVESTMENT MANAGEMENT FEES	33,336.
OTHER PROFESSIONAL FEES	473,554.
OFFICE EXPENSES	79,938.
TRAVEL	261,816.
INSURANCE	26,431.
TOTAL TO FORM 199, PART II, LINE 17	<u>4,278,792.</u>

CA 199

NET NOTES RECEIVABLE

STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	56,415.	109,415.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	<u>56,415.</u>	<u>109,415.</u>

CA 199

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNITED STATES TREASURY BILLS	14,341,415.	13,049,312.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>14,341,415.</u>	<u>13,049,312.</u>

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	671,361.	1,372,716.
PREPAID EXPENSES AND DEFERRED CHARGES	421,504.	912,982.
REFUNDABLE DEPOSITS	0.	28,056.
RELATED PARTY RECEIVABLE	0.	100,523.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,092,865.	2,414,277.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO RELATED PARTY (EJAF - UK)	43,698.	0.
GRANT CREDITORS	0.	3,289,000.
DEFERRED REVENUE	558,406.	1,276,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	602,104.	4,565,000.

CA 199	INCOME NOT RECORDED ON BOOKS THIS YEAR	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED LOSSES		63,419.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 4		63,419.

CA 199	FUND BALANCES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	12,640,655.	10,352,874.
NET ASSETS WITH DONOR RESTRICTIONS	4,991,888.	130,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	17,632,543.	10,482,874.

TAXABLE YEAR
2019

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 58-2033460

Corporation name

California corporation number

ELTON JOHN AIDS FOUNDATION, INC.

1910758

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	13	159,151.	99,748.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	33,960

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	33,960
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	33,960
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22

ELTON JOHN AIDS FOUNDATION, INC.

58-2033460

CA 3885

DEPRECIATION

STATEMENT 13

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 EQUIPMENT	VARIOUS	100,571.	71,996.	VAR	.000	12,968.	
2 FURNITURE & FIXTURES	VARIOUS	24,217.	21,817.	VAR	.000	2,400.	
3 LEASEHOLD IMPROVEMENT	VARIOUS	28,428.		VAR	.000	18,592.	
4 COMPUTER SOFTWARE	VARIOUS	5,935.	5,935.	VAR	.000	0.	
TOTAL TO FORM 3885		159,151.	99,748.			33,960.	

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2019**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Identifying number

ELTON JOHN AIDS FOUNDATION, INC.**58-2033460****Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>9,289,218</u>
2 Total gross income (Form 199, line 8)	2	<u>9,279,218</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>16,365,468</u>

Part II Settle Your Account Electronically for Taxable Year 2019

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	_____
6 Account number	_____
7 Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**


Signature of officer

06 November 2020 07:57 PST

Date

CHIEF EXECUTIVE OFFICER

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature	▶	MICHAEL BURKE	Date	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self- employed	<input type="checkbox"/>	ERO's PTIN	P01595226
Must Sign	Firm's name (or yours if self-employed) and address	▶	UHY ADVISORS NY, INC. 1185 AVENUE OF THE AMERICAS, 38TH FLO NEW YORK, NY	Firm's FEIN	14-1555429					
				ZIP code	10036					

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	▶	_____	Date	Check if self- employed	<input type="checkbox"/>	Paid preparer's PTIN	_____
	Firm's name (or yours if self-employed) and address	▶	_____	Firm's FEIN	_____			
				ZIP code	_____			

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

STATE OF CALIFORNIA
 RRF-1
 (Rev. 09/2017)
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916)210-6400
 WEBSITE ADDRESS:
 www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

ELTON JOHN AIDS FOUNDATION, INC.
 Name of Organization

List all DBAs and names the organization uses or has used
584 BROADWAY, SUITE 906
 Address (Number and Street)
NEW YORK, NY 10012
 City or Town, State, and ZIP Code
212-219-0670
 Telephone Number
 E-mail Address

Check if:
 Change of address
 Amended report

State Charity Registration Number **CT**
 Corporation or Organization No. **1910758**
 Federal Employer ID No. **58-2033460**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ 6,138,518 Noncash Contributions \$ 433,300 Total Assets \$ 18,613,700
 Program Expenses \$ 12,259,389 Total Expenses \$ 13,224,768

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.



ANNE ASLETT

**CHIEF EXECUTIVE
 OFFICER**

06 November 2020 | 07

Signature of Authorized Agent

Printed Name

Title

Date

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
DECEMBER 31, 2019

PREPARED FOR:

ELTON JOHN AIDS FOUNDATION, INC.
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

PREPARED BY:

UHY ADVISORS NY, INC.
1185 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK, NY 10036

AMOUNT OF TAX:

BALANCE DUE OF \$775

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 16, 2020

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED
AND DATED.

<h1>CHAR500</h1> <p>NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	<u>Send with fee and attachments to:</u> NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<h2>2019</h2> <p>Open to Public Inspection</p>


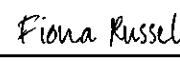
1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ELTON JOHN AIDS FOUNDATION, INC.	Employer Identification Number (EIN): 58-2033460
	Mailing Address: 584 BROADWAY, SUITE 906	NY Registration Number: 16-69-58
	City / State / ZIP: NEW YORK, NY 10012	Telephone: 212 219-0670
	Website: WWW.EJAF.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:		ANNE ASLETT	CHIEF EXECUTIVE OFFI	06 November 2020 07
	Signature	Print Name and Title		Date
Chief Financial Officer or Treasurer:		FIONA RUSSELL	FINANCE DIRECTOR	06 November 2020 16:04
	Signature	Print Name and Title		Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

ELTON JOHN AIDS FOUNDATION, INC.**CHAR500**

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING
DECEMBER 31, 2019

PREPARED FOR:

ELTON JOHN AIDS FOUNDATION, INC.
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

PREPARED BY:

UHY ADVISORS NY, INC.
1185 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK, NY 10036

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

MAIL TAX RETURN TO:

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 16, 2020

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL
APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

<p>Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See www.dos.pa.gov/charities for more information</p>	<p>Charitable Organization Registration Statement</p> <p>BCO-10 (rev. 8/2017)</p> <p>Fee: See instructions</p>
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Read all instructions prior to completing form.

Certificate number: 31761
(N/A if initial registration)

Fiscal year ended: 12/31/2019
MM DD YYYY

FEIN: 58-2033460

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because _____

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: ELTON JOHN AIDS FOUNDATION, INC.

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: ANNE ASLETT Contact's E-mail: ANNE.ASLETT@EJAF.COM

4. Physical address of organization: _____ Mailing address: (if different than physical) _____

584 BROADWAY, SUITE 906

NEW YORK

NY 10012

County: USA

800 number: _____

Email (if different than Contact's email): _____

Website: WWW.EJAF.ORG

Phone number: 212-219-0670

Fax number: 212-219-0671

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: GEORGIA

Date established*: 08/11/1992

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

ELTON JOHN AIDS FOUNDATION, INC.

- 6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

NOT APPLICABLE

- 7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

- 8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY
- Other _____

- 9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. _____
MM DD YYYY
- Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

ELTON JOHN AIDS FOUNDATION, INC.

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL, TELEPHONE, INTERNET

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

THE ELTON JOHN AIDS FOUNDATION SUPPORTS COMMUNITY BASED PREVENTION EDUCATION PROGRAMS, HARM REDUCTION PROGRAMS AND DIRECT SERVICE PROGRAMS TO PERSONS LIVING WITH HIV/AIDS

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

CA, FL, GA, IL, PA, NY AND WA

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
_____ Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

ELTON JOHN AIDS FOUNDATION, INC.

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NOT APPLICABLE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?
(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")
 Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 1

ELTON JOHN AIDS FOUNDATION, INC.**22.** Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

FREDRICK ANYANWU

B. Have final responsibility for the custody of contributions:

ANNE ASLETT

C. Have final responsibility for final distribution of contributions:

ANNE ASLETT

D. Are responsible for custody of financial records:

ANNE ASLETT**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:A. Any other officer, director, trustee, or employee? Yes NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes NoC. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Yes No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes NoB. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 Yes NoC. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

ELTON JOHN AIDS FOUNDATION, INC.

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).



Signature of Chief Fiscal Officer

06 November 2020 | 07:57 PST

Date

ANNE ASLETT, CHIEF EXECUTIVE OFFICER

Type or print name and title of Chief Fiscal Officer



Signature of Other Authorized Officer

06 November 2020 | 16:04 GMT

Date

FIONA RUSSELL, FINANCE DIRECTOR

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

ELTON JOHN AIDS FOUNDATION, INC.58-2033460

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 1

NAME AND ADDRESSTITLEDAVID FURNISH
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

CHAIRMAN

NAME AND ADDRESSTITLELYNDA FUNKE (RESIGNED 4/28/20)
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

DEPUTY CHAIR

NAME AND ADDRESSTITLETRACY BLACKWELL
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

TREASURER

NAME AND ADDRESSTITLERICHARD REGER
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

SECRETARY

NAME AND ADDRESSTITLEMARK DYBUL
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

EXECUTIVE BOARD MEMBER

NAME AND ADDRESSTITLETHOMAS E. MOORE III
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

EXECUTIVE BOARD MEMBER

NAME AND ADDRESSTITLEILANA KLOSS
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

EXECUTIVE BOARD MEMBER

NAME AND ADDRESSTITLESAMUEL BARON SEGAR
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

EXECUTIVE BOARD MEMBER

NAME AND ADDRESSTITLEERIC GOOSBY
584 BROADWAY, SUITE 906
NEW YORK, NY 10012

EXECUTIVE BOARD MEMBER