Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20A

B Check if applicable:

[ ] Initial return
[ ] Amended return

C Name of organization

ELTON JOHN AIDS FOUNDATION, INC.

D Employer identification number

58-2033460

E Telephone number

(212) 219-0670

F Name and address of principal officer:

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

G Gross receipts $ 12,876,047.

H(a) Is this a group return for subordinates? [X] Yes [ ] No

H(b) Are all subordinates included? [X] Yes [ ] No

I Tax-exempt status: [ ] 501(c)(3) [ ] 501(c) ( ) [ ] 4947(a)(1) or 527

J Website: WWW.EJAF.ORG

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other [ ]

L Year of formation: 1992 [ ] State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ELTON JOHN AIDS FOUNDATION (EJAF) WORKS TO ACHIEVE AN AIDS-FREE GENERATION THROUGH INNOVATIVE HIV PREVENTION PROGRAMS.

2 Check this box [ ] 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) 12.

4 Number of independent voting members of the governing body (Part VI, line 1b) 11.

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 4.

6 Total number of volunteers (estimate if necessary) 90.

7a Total unrelated business revenue from Part VIII, column (C), line 12 0.

7b Net unrelated business taxable income from Form 990-T, line 34 0.

8 Contributions and grants (Part VIII, line 1h) 12,229,859.

9 Program service revenue (Part VIII, line 2g) 54,963.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,963.

11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) 54,963.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,207,567.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,207,567.

14 Benefits paid to or for members (Part IX, column (A), line 4) 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 662,989.

16a Professional fundraising fees (Part IX, column (A), line 11e) 0.

16b Total fundraising expenses (Part IX, column (D), line 25) 355,406.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11l-24e) 1,839,488.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,398,977.

19 Revenue less expenses. Subtract line 18 from line 12 7,915,729.

20 Total assets (Part X, line 16) 8,594,185.

21 Total liabilities (Part X, line 26) 2,837,246.

22 Net assets or fund balances. Subtract line 21 from line 20 5,756,939.

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.

Signature of officer

M. MICHELE BURNS TREASURER

Type or print name and title

Date

Signature Block

Paid Preparer Use Only

Preparer’s signature

M. MICHEL MELCHIOR

Digitally signed by M. MELCHIOR, Michele

Check if self-employed [ ]

PTIN P00488037

Preparer’s EIN 36-6055558

Firm’s name GRANT THORNTON LLP

Firm’s address 201 S. COLLEGE STREET, STE 2500 CHARLOTTE, NC 28244

Phone no. 704-632-3500

May the IRS discuss this return with the preparer shown above? [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)
Part III  Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes  ☒ No

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

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

☐ Yes  ☒ No

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

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

4a (Code:   ) (Expenses $8,910,416. including grants of $7,259,312. ) (Revenue $   )

THE ELTON JOHN AIDS FOUNDATION AWARDED $7,259,312 IN GRANTS TO HIV/AIDS RELATED PROGRAMS CONDUCTED IN THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.

4b (Code:   ) (Expenses $427,133. including grants of $427,133. ) (Revenue $   )

THE ELTON JOHN AIDS FOUNDATION AWARDED $427,133 TO ORGANIZATIONS WITH HIV/AIDS RELATED PROGRAMS CONDUCTED OUTSIDE THE UNITED STATES. PLEASE REFER TO SCHEDULE O FOR FURTHER INFORMATION REGARDING THE ELTON JOHN AIDS FOUNDATION'S GRANT MAKING PRIORITIES.

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

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

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

4e Total program service expenses ► $9,337,549.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VII.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule D, Part VIII.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule D, Part IX.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Part X.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule F, Parts III and IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If &quot;Yes,&quot; complete Schedule G, Part I (see instructions).</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

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

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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</td>
<td>1a</td>
<td>51</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>x</td>
</tr>
<tr>
<td>2a</td>
<td>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.</td>
<td>2a</td>
<td>4</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <strong>Note.</strong> If the sum of lines 2a and 2b is greater than 250, you may be required to e-file (see instructions).</td>
<td>2b</td>
<td>x</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>x</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td>4a</td>
<td>x</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>x</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>x</td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td>6a</td>
<td>x</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>x</td>
</tr>
<tr>
<td>7b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td>x</td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>x</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>x</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>x</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders.</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year.</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? <strong>Note.</strong> See the instructions for additional information the organization must report on Schedule O.</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>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.</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand.</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>x</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? <strong>If &quot;No,&quot; provide an explanation in Schedule O.</strong></td>
<td>14b</td>
<td></td>
</tr>
</tbody>
</table>

**ELTON JOHN AIDS FOUNDATION, INC.**

**58-2033460**
Section A. Governing Body and Management

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 in Schedule O.

1b. Enter the number of voting members included in line 1a, above, who are independent.

2a. 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?

3a. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, to employees of a management company or other person?

4a. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5a. Did the organization become aware during the year of a significant diversion of the organization’s assets?

6a. Did the organization have members or stockholders?

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?

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8a. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

b. Each committee with authority to act on behalf of the governing body?

9a. 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?

b. Enter the number of voting members of the governing body at the end of the tax year.

Section B. Policies

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

10a. Did the organization have local chapters, branches, or affiliates?

b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b. 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?

b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c. Did the organization regularly and consistently monitor and enforce compliance with the policy?

13a. Did the organization have a written whistleblower policy?

14a. Did the organization have a written document retention and destruction policy?

15a. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:

b. Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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?

b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures/arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

17a. List the states with which a copy of this Form 990 is required to be filed:

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

18a. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

b. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20a. State the name, address, and telephone number of the person who possesses the organization's books and records:

b. Check if Schedule O contains a response or note to any line in this Part VI.
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

### Table 1: Compensation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organization below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1)</strong> SCOTT P. CAMPBELL</td>
<td>60.00</td>
<td>EXECUTIVE DIRECTOR</td>
<td>325,000.</td>
<td>0.</td>
<td>28,668.</td>
</tr>
<tr>
<td><strong>(2)</strong> SIR ELTON JOHN</td>
<td>4.00</td>
<td>FOUNDER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(3)</strong> DAVID FURNISH</td>
<td>4.00</td>
<td>CHAIRMAN</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(4)</strong> MICHELE BURNS</td>
<td>4.00</td>
<td>TREASURER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(5)</strong> BARRON SEGAR</td>
<td>4.00</td>
<td>SECRETARY</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(6)</strong> ANNE ASLETT</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(7)</strong> EDWINA BARBIS</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(8)</strong> BILLIE JEAN KING</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(9)</strong> ILANA KLOSS</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(10)</strong> SARAH MCMULLEN</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(11)</strong> THOMAS E. MOORE III</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(12)</strong> JOHN SCOTT</td>
<td>4.00</td>
<td>EXECUTIVE BOARD MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>(13)</strong> MATTHEW BLINSTUBAS</td>
<td>45.00</td>
<td>DIRECTOR OF GRANTS</td>
<td>105,060.</td>
<td>0.</td>
<td>16,213.</td>
</tr>
<tr>
<td><strong>(14)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

ATTACHMENT 2

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

Yes No

3 X

4 X

5 X
### Part VIII

**Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>8,303,631</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>2,889,062</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td>890,500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>11,192,693</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Gross income from fundraising events (not including $ 8,303,631 of contributions reported on line 1c). |                   |                                      |                               |                                                  |
| See Part IV, line 18                                   |                   |                                      |                               |                                                  |

| 8a Gross income from fundraising events                 |                   |                                      |                               |                                                  |
| 8b Less: direct expenses                               |                   |                                      |                               |                                                  |
| 8c Net income or (loss) from fundraising events        |                   |                                      |                               |                                                  |

| Gross income from gaming activities                     |                   |                                      |                               |                                                  |
| See Part IV, line 19                                   |                   |                                      |                               |                                                  |

| 9a Gross income from gaming activities                   |                   |                                      |                               |                                                  |
| 9b Less: direct expenses                               |                   |                                      |                               |                                                  |
| 9c Net income or (loss) from gaming activities          |                   |                                      |                               |                                                  |

| Gross sales of inventory, less returns and allowances |                   |                                      |                               |                                                  |
| Less: cost of goods sold                               |                   |                                      |                               |                                                  |
| Net income or (loss) from sales of inventory           |                   |                                      |                               |                                                  |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td>10,707,008</td>
<td></td>
<td></td>
<td>-435,685</td>
</tr>
</tbody>
</table>

Total revenue. See instructions. 10,707,008. -435,685.
## 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 ..........................................

<table>
<thead>
<tr>
<th>(A)</th>
<th>Total expenses</th>
<th>(B)</th>
<th>Program service expenses</th>
<th>(C)</th>
<th>Management and general expenses</th>
<th>(D)</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7,259,312</td>
<td>7,259,312</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>427,133</td>
<td>427,133</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>353,668</td>
<td>176,834</td>
<td>70,734</td>
<td>106,100</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>245,231</td>
<td>109,056</td>
<td>74,349</td>
<td>61,826</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>6,073</td>
<td>2,603</td>
<td>2,082</td>
<td>1,388</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>42,269</td>
<td>20,028</td>
<td>10,667</td>
<td>11,574</td>
<td>0.</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>31,572</td>
<td>15,155</td>
<td>7,577</td>
<td>8,840</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>193,626</td>
<td>186,103</td>
<td>6,501</td>
<td>1,022</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>228,521</td>
<td>17,524</td>
<td>77,687</td>
<td>133,310</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>117,117</td>
<td>93,694</td>
<td>23,423</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>109,128</td>
<td>78,920</td>
<td>1,077</td>
<td>29,131</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>5,934</td>
<td>5,934</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>12,277</td>
<td>12,277</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>542,260</td>
<td>542,260</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>400,433</td>
<td>400,433</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>6,378</td>
<td>6,378</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>12,277</td>
<td>12,277</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>10,028,552</td>
<td>9,337,549</td>
<td>335,597</td>
<td>355,406</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

**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 Sheet

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>Beginning of year</td>
<td>(B)</td>
<td>End of year</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,645,320.</td>
<td>1,880,626.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>677,524.</td>
<td>5,236,967.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>437,513.</td>
<td>118,238.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>56,415.</td>
<td>56,415.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>141,914.</td>
<td>181,431.</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>93,483.</td>
<td>93,483.</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>83,729.</td>
<td>12,327.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>3,341,010.</td>
<td>3,948,000.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>11,312,023.</td>
<td>11,431,431.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>269,881.</td>
<td>79,113.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>2,125,000.</td>
<td>1,489,633.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>1,001,413.</td>
<td>1,268,500.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>3,396,294.</td>
<td>2,837,246.</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.</td>
<td>7,915,729.</td>
<td>8,594,185.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30.</td>
<td>30.</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31.</td>
<td>31.</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32.</td>
<td>32.</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>7,915,729.</td>
<td>8,594,185.</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>11,312,023.</td>
<td>11,431,431.</td>
<td></td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets
Check if Schedule O contains a response or note to any line in this Part XI.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>10,707,008.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>10,028,552.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>678,456.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>7,915,729.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>0.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>0.</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>0.</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>0.</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>8,594,185.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII.

1. Accounting method used to prepare the Form 990: [ ] Cash  [x] Accrual  [ ] Other
   - If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
   - Yes  [x]  No

2a. Were the organization's financial statements compiled or reviewed by an independent accountant?  [x]
   - If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
     - [ ] Separate basis  [x] Consolidated basis  [ ] Both consolidated and separate basis
   - Yes  [x]  No

2b. Were the organization's financial statements audited by an independent accountant?  [x]
   - 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:
     - [x] Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis
   - Yes  [x]  No

2c. 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?  [x]
   - If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
   - Yes  [x]  No

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]
   - Yes  [x]  No

3b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
## 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.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Reason for Public Charity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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:</td>
</tr>
<tr>
<td>10</td>
<td>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.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>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.</td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2015 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16a 33 1/3% support test - 2016. 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

16b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2016. 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

17b 10%-facts-and-circumstances test - 2015. 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

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
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>13,704,425</td>
<td>10,049,766</td>
<td>10,673,077</td>
<td>12,229,859</td>
<td>11,192,693</td>
<td>57,849,820</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>13,704,425</td>
<td>10,049,766</td>
<td>10,673,077</td>
<td>12,229,859</td>
<td>11,192,693</td>
<td>57,849,820</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>2,630,058</td>
<td>328,498</td>
<td>269,000</td>
<td>514,938</td>
<td>664,400</td>
<td>4,406,894</td>
</tr>
<tr>
<td>7b 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</td>
<td>3,257,888</td>
<td>2,221,588</td>
<td>1,423,996</td>
<td>2,457,348</td>
<td>2,927,087</td>
<td>12,287,907</td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td>5,887,946</td>
<td>2,550,086</td>
<td>1,692,996</td>
<td>2,972,286</td>
<td>3,591,487</td>
<td>16,694,901</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>13,704,425</td>
<td>10,049,766</td>
<td>10,673,077</td>
<td>12,229,859</td>
<td>11,192,693</td>
<td>57,849,820</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>82,004</td>
<td>306,842</td>
<td>160,398</td>
<td>70,462</td>
<td>138,347</td>
<td>758,053</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>971,768</td>
<td>1,038,564</td>
<td>998,349</td>
<td>1,095,536</td>
<td>1,545,007</td>
<td>5,649,224</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>14,758,197</td>
<td>11,395,172</td>
<td>11,831,824</td>
<td>13,395,857</td>
<td>12,876,047</td>
<td>64,257,097</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>14,758,197</td>
<td>11,395,172</td>
<td>11,831,824</td>
<td>13,395,857</td>
<td>12,876,047</td>
<td>64,257,097</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64.05%</td>
</tr>
<tr>
<td>16 Public support percentage from 2015 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63.87%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.18%</td>
</tr>
<tr>
<td>18 Investment income percentage for 2015 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.18%</td>
</tr>
<tr>
<td>19a 33 1/3% support tests - 2016. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33 1/3% support tests - 2015. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part IV Supporting Organizations (continued)

### 11 Has the organization accepted a gift or contribution from any of the following persons?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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? If “Yes” to a, b, or c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1** Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

**3** By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- **a**: The organization satisfied the Activities Test. Complete line 2 below.
- **b**: The organization is the parent of each of its supported organizations. Complete line 3 below.
- **c**: The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b**: Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

**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? Provide details in Part VI.
- **b**: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2016 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2016</th>
<th>(iii) Distributable Amount for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2016 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2016:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2013. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2014. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2015. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2011 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2016 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2017.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2013. . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2014. . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2015. . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2016. . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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.)

#### ATTACHMENT 1

### SCHEDULE A, PART III - OTHER INCOME

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDRAISING EVENTS</td>
<td>971,768.</td>
<td>1,038,564.</td>
<td>998,349.</td>
<td>1,095,536.</td>
<td>1,545,007.</td>
<td>5,649,224.</td>
</tr>
<tr>
<td>TOTALS</td>
<td>971,768.</td>
<td>1,038,564.</td>
<td>998,349.</td>
<td>1,095,536.</td>
<td>1,545,007.</td>
<td>5,649,224.</td>
</tr>
</tbody>
</table>
## Schedule B

**Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

### Name of the organization
ELTON JOHN AIDS FOUNDATION, INC.

### Employer identification number
58-2033460

### Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>4947(a)(1) nonexempt charitable trust <strong>not</strong> treated as a private foundation</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

**X** 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: ELTON JOHN AIDS FOUNDATION, INC.

### Part I: Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,000,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$570,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$235,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$244,050.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$250,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$214,500.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$318,500.</td>
<td>X</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$143,000.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$139,500.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$275,000.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>$150,000.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>$110,000.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Complete Part II for noncash contributions.
## Part I Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td>$144,900.</td>
<td>Person X</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>$92,600.</td>
<td>Person X</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>$100,000.</td>
<td>Person X</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>$96,500.</td>
<td>Person X</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>$95,100.</td>
<td>Person X</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>$95,000.</td>
<td>Person X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

---

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

Employer identification number: **58-2033460**
### Part I  Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td>$200,000.00</td>
<td>X Person</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td>20</td>
<td></td>
<td>$80,000.00</td>
<td>X Person</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>$90,000.00</td>
<td>X Person</td>
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<tr>
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<tr>
<td>22</td>
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<td>$84,000.00</td>
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</tr>
<tr>
<td>23</td>
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<td>$75,000.00</td>
<td>X Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>$140,000.00</td>
<td>X Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part I Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td></td>
<td>$70,000.</td>
<td>Person X</td>
</tr>
<tr>
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<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>$65,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>$60,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>28</td>
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<td>$55,400.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>$54,000.</td>
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</tr>
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<td></td>
<td>Payroll</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Noncash</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>$46,500.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
**Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td></td>
<td>$45,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>32</td>
<td></td>
<td>$46,500</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>33</td>
<td></td>
<td>$45,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
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<tr>
<td>34</td>
<td></td>
<td>$50,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>35</td>
<td></td>
<td>$46,500</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>36</td>
<td></td>
<td>$45,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>37</td>
<td></td>
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<td>Person X</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>$45,000.</td>
<td>Person X</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>$77,000.</td>
<td>Person X</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>$48,600.</td>
<td>Person X</td>
</tr>
<tr>
<td>41</td>
<td></td>
<td>$49,600.</td>
<td>Person X</td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>$45,000.</td>
<td>Person X</td>
</tr>
</tbody>
</table>
## Part I Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person ☑️ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>$196,500.</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person ☑️ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>$49,500.</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>$49,500.</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>$50,000.</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>$43,000.</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>$37,500.</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part I Contributors

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<th>(a) No.</th>
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<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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(Complete Part II for noncash contributions.)
## Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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(Complete Part II for noncash contributions.)
## Part I | Contributors

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(Complete Part II for noncash contributions.)
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</table>

(Complete Part II for noncash contributions.)

---

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

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

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### Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

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Name of organization: ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number: 58-2033460
### Part I  Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

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(Complete Part II for noncash contributions.)
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(Complete Part II for noncash contributions.)
Name of organization: ELTON JOHN AIDS FOUNDATION, INC.

**Part I** Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

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(Complete Part II for noncash contributions.)
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(Complete Part II for noncash contributions.)
### Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

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### Part I

**Contributors**

(See instructions). Use duplicate copies of Part I if additional space is needed.

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## Part I

**Contributors** *(See instructions). Use duplicate copies of Part I if additional space is needed.*

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### Part I: Contributors

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(Complete Part II for noncash contributions.)
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</table>

(Complete Part II for noncash contributions.)
### Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
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</thead>
<tbody>
<tr>
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<td>Type of contribution</td>
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<td>Noncash</td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part I
Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
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<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td></td>
<td></td>
<td>Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
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<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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</table>

(Complete Part II for noncash contributions.)

<table>
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<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tr>
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<tr>
<td></td>
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<td></td>
<td>Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
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</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
<td>228</td>
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<td></td>
<td>Payroll Noncash</td>
</tr>
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</table>

(Complete Part II for noncash contributions.)
## Part I

### Contributors

(See instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
<td>229</td>
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<td>$11,000</td>
<td>Person X, Payroll, Noncash</td>
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</table>

(Complete Part II for noncash contributions.)

<table>
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<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
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</table>

(Complete Part II for noncash contributions.)

<table>
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<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
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</table>

(Complete Part II for noncash contributions.)

<table>
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<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
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</table>

(Complete Part II for noncash contributions.)

<table>
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<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
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</table>

(Complete Part II for noncash contributions.)
## Part II  Noncash Property

(See instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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<td>CRYSTAL ART</td>
<td>$570,000.</td>
<td>VAR</td>
</tr>
<tr>
<td>49</td>
<td>ART-WORKS OF ART</td>
<td>$35,000.</td>
<td>11/08/2016</td>
</tr>
<tr>
<td>51</td>
<td>ART-WORKS OF ART</td>
<td>$35,000.</td>
<td>11/04/2016</td>
</tr>
<tr>
<td>89</td>
<td>ART-WORKS OF ART</td>
<td>$15,000.</td>
<td>03/10/2016</td>
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<tr>
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<td>ART-WORKS OF ART</td>
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<tr>
<td>104</td>
<td>ART-WORKS OF ART</td>
<td>$12,500.</td>
<td>11/18/2016</td>
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</tbody>
</table>
## Noncash Property
(See instructions). Use duplicate copies of Part II if additional space is needed.

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<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions)</th>
<th>(d) Date received</th>
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</thead>
<tbody>
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<td>JEWELRY</td>
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<td>VAR</td>
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</tbody>
</table>
Name of organization: ELTON JOHN AIDS FOUNDATION, INC.
Employer identification number: 58-2033460

### Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>(e) Transfer of gift</th>
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</thead>
<tbody>
<tr>
<td>Transferee’s name, address, and ZIP + 4</td>
</tr>
<tr>
<td>Relationship of transferor to transferee</td>
</tr>
<tr>
<td></td>
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<th>(c) Use of gift</th>
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## Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
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<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
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</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
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</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
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</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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?  
   - Yes  
   - 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?  
   - Yes  
   - No

## Part II  Conservation Easements.

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
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<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
</tr>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  
   -  

4. Number of states where property subject to conservation easement is located  
   -  

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   - Yes  
   - No

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

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
   - $  

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   - Yes  
   - No

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

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

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

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

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

   (i) Revenue included in Form 990, Part VIII, line 1  
   - $  

   (ii) Assets included in Form 990, Part X  
   - $  

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

   a. Revenue included in Form 990, Part VIII, line 1  
   - $  

   b. Assets included in Form 990, Part X  
   - $
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition  
   b  Scholarly research  
   c  Preservation for future generations  
   d  Loan or exchange programs  
   e  Other 

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  

   □ Yes  □ No

Part IV  Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  

   □ Yes  □ No

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

   Amount

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

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.

1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment
   b Permanent endowment
   c Temporarily restricted endowment

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

   □ Yes  □ No

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

   □ Yes  □ No

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
   1b Buildings
   1c Leasehold improvements
   1d Equipment  66,331.  56,577.  9,754.
   1e Other  27,152.  27,152.

   Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c). 9,754.
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
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<td>(B)</td>
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<td>(C)</td>
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<td>(D)</td>
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<td>(E)</td>
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<td>(F)</td>
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<td>(G)</td>
<td></td>
<td></td>
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<tr>
<td>(H)</td>
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<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII  Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(9)</td>
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</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>13,067,758.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 12,876,047.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5 10,707,008.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>12,389,302.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Other losses.</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 10,028,552.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5 10,028,552.</td>
</tr>
</tbody>
</table>

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

SEE PAGE 5
FIN48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

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

THE FOUNDATIONFollowsthe provisions of the Accounting Topic for Income Taxes, which provides guidance for how uncertain income tax provisions should be recognized, measured, presented and disclosed in the financial statements. The foundation recognizes the effects of income tax positions only if those positions are more likely than not to be sustained in the future. The foundation determined that there are no uncertain tax positions that would have a material effect on the financial statements. With few exceptions, the foundation is no longer subject to U.S. federal and state income tax examinations by tax authorities for years before 2012. There are no tax examinations currently pending.

RECONCILIATION OF REVENUE WITH AFS

SCHEDULE D, PART XI, LINE 4B

FUNDRAISING EVENT EXPENSES RECLASS  ($2,169,039)
Supplemental Information (continued)

RECONCILIATION OF EXPENSES WITH AFS

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES RECLASS  $2,169,039
Statement of Activities Outside the United States

OMB No. 1545-0047

SCHEDULE F
(Form 990)

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ELTON JOHN AIDS FOUNDATION, INC.

Employer identification number
58-2033460

Part I

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

1  For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ................................................................. X 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.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) NORTH AMERICA</td>
<td>GRANTMAKING</td>
<td>N/A</td>
<td></td>
<td></td>
<td>287,133.</td>
</tr>
<tr>
<td>(2) EUROPE</td>
<td>GRANTMAKING</td>
<td>N/A</td>
<td></td>
<td></td>
<td>65,000</td>
</tr>
<tr>
<td>(3) CENTRAL AMERICA/CARIBBEAN</td>
<td>GRANTMAKING</td>
<td>N/A</td>
<td></td>
<td></td>
<td>75,000</td>
</tr>
<tr>
<td>(4)</td>
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<td>(17)</td>
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</tbody>
</table>

3a Sub-total, ........................................ 427,133.

b Total from continuation sheets to Part I, ........

c Totals (add lines 3a and 3b) 427,133.

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

Schedule F (Form 990) 2016
## 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.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELTON JOHN AIDS FOUNDATION, INC. 58-2033460</td>
<td></td>
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</tr>
<tr>
<td>NORTH AMERICA EDUCATIONAL</td>
<td>50,000.</td>
<td></td>
<td></td>
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<tr>
<td>NORTH AMERICA HIV TESTING</td>
<td>75,000.</td>
<td></td>
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<tr>
<td>NORTH AMERICA HIV PREVETN</td>
<td>87,133.</td>
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</tr>
<tr>
<td>EUROPE/ICELAND/GREENLAND CAMPAIGNING</td>
<td>65,000.</td>
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</tr>
<tr>
<td>CENT. AMERICA/CARIBBEAN HEALTH SVCS.</td>
<td>75,000.</td>
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<tr>
<td>NORTH AMERICA EMERGENCY SV</td>
<td>75,000.</td>
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</tr>
</tbody>
</table>

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 ................................................. 6.

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>

Schedule F (Form 990) 2016
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   [x] No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990). 
   [ ] Yes   [x] 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   [x] 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   [x] 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   [x] No

6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990). 
   [ ] Yes   [x] No
PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

**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.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

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

   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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes □ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>10</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add col. (a) through col. (c))</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>3,190,480</td>
<td>6,263,801</td>
<td>394,357</td>
<td>9,848,638</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>2,888,802</td>
<td>5,031,401</td>
<td>383,428</td>
<td>8,303,631</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>301,678</td>
<td>1,232,400</td>
<td>10,929</td>
<td>1,545,007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add col. (a) through col. (c))</td>
<td></td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>121,802</td>
<td>49,009</td>
<td></td>
<td>170,811</td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td>288,080</td>
<td></td>
<td>288,080</td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>357,498</td>
<td>1,341,561</td>
<td>11,089</td>
<td>1,710,148</td>
<td></td>
</tr>
</tbody>
</table>

10 Direct expense summary. Add lines 4 through 9 in column (d)

11 Net income summary. Subtract line 10 from line 3, column (d)

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add col. (a) through col. (c))</td>
</tr>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Is the organization licensed to conduct gaming activities in each of these states? __________
- If "No," explain: ____________________________________________

10a Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year? __________

- 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  
   ☐ Yes  ☐ No  
   13a %  
   b An outside facility  
   ☐ Yes  ☐ No  
   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 explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
### SCHEDULE I
(Form 990)

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

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

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

---

**Part I** General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>AFRICAN AMERICAN OFFICE OF GAY CONCERNS</td>
<td>22-2367952</td>
<td>501(C)(3)</td>
<td>33,000</td>
<td></td>
<td></td>
<td>EXPANDING ACCESS</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>AIDS ALABAMA</td>
<td>58-1727755</td>
<td>501(C)(3)</td>
<td>100,000</td>
<td></td>
<td></td>
<td>PUBLIC EDUCATION</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>AIDS COMMUNITY RESEARCH INITIATIVE OF AMERICA</td>
<td>13-3632234</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>AIDS LEGAL COUNCIL OF CHICAGO</td>
<td>36-3563802</td>
<td>501(C)(3)</td>
<td>75,000</td>
<td></td>
<td></td>
<td>LEGAL SERVICES</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>AIDS UNITED</td>
<td>52-1706646</td>
<td>501(C)(3)</td>
<td>100,000</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>AIDS VOLUNTEERS, INC.</td>
<td>61-1149457</td>
<td>501(C)(3)</td>
<td>100,000</td>
<td></td>
<td></td>
<td>EXPANSION OF HIV</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>ALAMO AREA RESOURCE CENTER</td>
<td>74-2583211</td>
<td>501(C)(3)</td>
<td>100,000</td>
<td></td>
<td></td>
<td>LGBT MED CLINIC</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td>AMERICAN CIVIL LIBERTIES UNION FOUNDATION</td>
<td>13-6213516</td>
<td>501(C)(3)</td>
<td>150,000</td>
<td></td>
<td></td>
<td>COMM. CAMPAIGN</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td>APLA HEALTH</td>
<td>46-4093810</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td></td>
<td></td>
<td>CONNECTING ACTIVE</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td>ASSOCIATION OF NURSES IN AIDS CARE2016</td>
<td>58-1849791</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td></td>
<td></td>
<td>EDU, SUPP &amp; TRAIN.</td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td>BIG BEND CARES</td>
<td>59-2816580</td>
<td>501(C)(3)</td>
<td>40,000</td>
<td></td>
<td></td>
<td>SUPPORT FOR BLACK GA</td>
<td></td>
</tr>
<tr>
<td>(12)</td>
<td>BIRMINGHAM AIDS OUTREACH</td>
<td>63-0948995</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td></td>
<td></td>
<td>SERVICES FOR LGBT</td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

---

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

Schedule I (Form 990) (2016)

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V 16-7F
### 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 [X]  
   - 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.

<table>
<thead>
<tr>
<th>#</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| 1 | BLACK AND PINK  
   614 COLUMBIA RD. DORCHESTER, MA 2125 | 27-3930676 | 501(C)(3) | 50,000. | | | | GEN OPERATING SUPT. |
| 2 | CAMC HEALTH EDUCATION AND RESEARCH INSTITUT  
   3110 MACCORKLE SE CHARLESTON, VA 25304 | 31-0887133 | 501(C)(3) | 43,312. | | | | SERVICES FOR LGBT |
| 3 | CASA RUBY  
   2822 GEORGIA AVENUE NW WASHINGTON, DC 20001 | 34-1978347 | 501(C)(3) | 150,000. | | | | SOCIAL SERVICES |
| 4 | CENTER FOR HEALTH JUSTICE  
   900 AVILA STREET LOS ANGELES, CA 90012 | 42-1605887 | 501(C)(3) | 75,000. | | | | EMPOWER & ADVOCACY |
| 5 | CENTER FOR HEALTH OF INCARCERATED PERSONS/E  
   1518 CLIFTON ROAD ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 50,000. | | | | HIV TESTING |
| 6 | CENTRAL LOUISIANA AIDS SUPPORT SERVICES  
   5633 S. STAPLES CORPUS CHRISTI, TX 78411 | 74-2422838 | 501(C)(3) | 60,000. | | | | SOCIAL SUPPORT |
| 7 | COMMUNITY INITIATIVES (CI)  
   2940 16TH ST. SAN FRANCISCO, CA 94103 | 94-3255070 | 501(C)(3) | 40,000. | | | | SERVICES FOR LGBT YO |
| 8 | DUKE UNIVERSITY (SOUTHERN HIV/AIDS STRATEGY  
   1695 N SUN. WAY PALM SPRINGS, CA 92263 | 33-0068583 | 501(C)(3) | 10,000. | | | | EXPANDED HIV ACT. |
| 9 | DESTINATION TOMORROW, INC  
   890 GARRISON AVENUE BRONX, NY 10474 | 80-0259180 | 501(C)(3) | 25,000. | | | | HEALTH SERVICES |
| 10 | DUKE UNIVERSITY (SOUTHERN HIV/AIDS STRATEGY  
   56-0532129 | 501(C)(3) | 50,000. | | | | | ALLIANCE FOR ASHAC |
| 11 | EQUALITY CALIFORNIA INSTITUTE  
   202 W 1ST ST. LOS ANGELES, CA 90012 | 68-0439908 | 501(C)(3) | 200,000. | | | | PUBLIC EDUCATION |

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

Schedule I (Form 990) (2016)
**SCHEDULE I (Form 990)**

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

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

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ELTON JOHN AIDS FOUNDATION, INC.  
Employer identification number 58–2033460

Part I  
**General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   
   **X** 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.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
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<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>(1) EQUALITY FLORIDA INSTITUTE, INC.</td>
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<td>501(c)(3)</td>
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<td>PO BOX 30786 TAMPA, FL 33622</td>
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<td>231 E. BALTIMORE ST. BALTIMORE, MD 21202</td>
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<td>12555 BISCAYNE BLVD. NORTH MIAMI, FL 33181</td>
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2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

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.

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<th>1 (g) Description of noncash assistance</th>
<th>1 (h) Purpose of grant or assistance</th>
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Schedule I (Form 990) (2016)

JSA 6E1288 1.000

V 16-7F
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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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?  
   - [X] 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

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<th>(h) Purpose of grant or assistance</th>
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Schedule I (Form 990) (2016)

JSA 6E1288 1.000

V 16-7F
SCHEDULE I
(Form 990)

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.
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ELTON JOHN AIDS FOUNDATION, INC.
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 X
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.

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<th>(e) Amount of non-cash assistance</th>
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<th>(h) Purpose of grant or assistance</th>
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<td>102 CENTRAL PARK PLACE SELMA, AL 36701</td>
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<td></td>
</tr>
<tr>
<td>3709 BAKERS PERRY ROAD ATLANTA, GA 30310</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>(9) SOUTH CAROLINA HIV TASK FORCE</td>
<td>46-5475844</td>
<td>501(C)(3)</td>
<td>40,000.</td>
<td></td>
<td></td>
<td>STATE STRATEGY</td>
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</tr>
<tr>
<td>P.O. BOX 624 COLUMBIA, SC 29202</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(10) SOUTH CAROLINA HIV/AIDS COUNCIL</td>
<td>57-0994526</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td></td>
<td></td>
<td>HIV TREATMENT</td>
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<tr>
<td>1518 PICKENS STREET COLUMBIA, SC 29201</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>(11) SOUTHERN AIDS COALITION, INC.</td>
<td>63-0985623</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td></td>
<td></td>
<td>STATE ADVOCACY</td>
<td></td>
</tr>
<tr>
<td>P.O. BOX 550249 BIRMINGHAM, AL 35255</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) SPARK REPRODUCTIVE JUSTICE NOW!</td>
<td>58-5310108</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td></td>
<td></td>
<td>HEALTH ADVOCACY BY L</td>
<td></td>
</tr>
<tr>
<td>250 GEORGIA AVE SE ATLANTA, GA 30312</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

Schedule I (Form 990) (2016)
**SCHEDULE I**  
(Form 990)

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

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

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

**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?  
   - [X] 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.

<table>
<thead>
<tr>
<th></th>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SPECIAL SERVICE FOR GROUPS</td>
<td>27-3801872</td>
<td>501(c)(3)</td>
<td>125,000.</td>
<td>SUPPORT FOR TRANSGEN</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>ST. BONIFACE HAITI FOUNDATION</td>
<td>04-3067595</td>
<td>501(c)(3)</td>
<td>175,000.</td>
<td>PROVIDING HEALTH CARE</td>
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<tr>
<td>3</td>
<td>ST. JAMES INFIRMARY (SJI)</td>
<td>94-3330568</td>
<td>501(c)(3)</td>
<td>50,000.</td>
<td>SUPPORT FOR TRANSGEN</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>SYLVIA RIVERA LAW PROJECT</td>
<td>81-0640342</td>
<td>501(c)(3)</td>
<td>50,000.</td>
<td>LEGAL SERVICES</td>
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<td></td>
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<tr>
<td>5</td>
<td>TAG TREATMENT ACTION GROUP</td>
<td>13-3624785</td>
<td>501(c)(3)</td>
<td>300,000.</td>
<td>COMMUNITY BASED POLI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>THE ATTIC YOUTH CENTER</td>
<td>23-3020071</td>
<td>501(c)(3)</td>
<td>50,000.</td>
<td>LGBT HEALTH SERVICES</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>THE CENTER FOR COMMUNITY SOLUTIONS</td>
<td>34-0714723</td>
<td>501(c)(3)</td>
<td>50,000.</td>
<td>HIV/AIDS PREVENTION</td>
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<tr>
<td>8</td>
<td>THE CHILDREN’S MUSEUM OF INDIANAPOLIS</td>
<td>35-0867985</td>
<td>501(c)(3)</td>
<td>23,500.</td>
<td>EXHIBIT ABT RYAN WHI</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>THE GLBT CENTER OF CENTRAL FLORIDA</td>
<td>59-1884445</td>
<td>501(c)(3)</td>
<td>25,000.</td>
<td>GEN OPERATING SFT</td>
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<td></td>
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<tr>
<td>10</td>
<td>THE PROTEUS FUND</td>
<td>06-3243004</td>
<td>501(c)(3)</td>
<td>85,000.</td>
<td>GEN OPERATING SUPT</td>
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<td>11</td>
<td>THE RED DOOR FOUNDATION</td>
<td>27-1379797</td>
<td>501(c)(3)</td>
<td>10,000.</td>
<td>HIV CONFERENCE</td>
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<tr>
<td>12</td>
<td>THE UNIVERSITY OF ALABAMA</td>
<td>63-6001138</td>
<td>501(c)(3)</td>
<td>45,000.</td>
<td>ON-SITE HIV EDU.</td>
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<td></td>
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</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table .........................................................................................................................
SCHEDULE I
(Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 THE WILLIAMS INSTITUTE</td>
<td>95-6006143</td>
<td>501(C)(3)</td>
<td>75,000.</td>
<td></td>
<td>EFFECTS OF CRIMINAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 TRANSGENDER LAW CENTER</td>
<td>05-0540006</td>
<td>501(C)(3)</td>
<td>300,000.</td>
<td></td>
<td>LEADERSHIP BY TRANSG</td>
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<td></td>
</tr>
<tr>
<td>3 TRANSGENDER RESOURCE CENTER OF NEW MEXICO</td>
<td>39-2076744</td>
<td>501(C)(3)</td>
<td>30,000.</td>
<td></td>
<td>PREVENTION FOR TRANS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 TREATMENT ACTION GROUP (TAG)</td>
<td>13-3501884</td>
<td>501(C)(3)</td>
<td>15,000.</td>
<td></td>
<td>ADVOCACY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 TRIANGLE AIDS NETWORK</td>
<td>1495 N 7TH ST BEAUMONT, TX 77702</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td></td>
<td>HEALTH SERVICES</td>
<td></td>
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</tr>
<tr>
<td>6 TRUE COLORS FUND</td>
<td>45-2489069</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td></td>
<td>SUPT FOR ANNUAL SUMM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 UCSD SCHOOL OF MEDICINE</td>
<td>95-6006144</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td></td>
<td>LGBT CLINIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 UNIVERSITY OF MIAMI</td>
<td>1320 DIXIE HWY CORAL GABLES, FL 33146-000</td>
<td>501(C)(3)</td>
<td>75,000.</td>
<td></td>
<td>LAUNCH OF ACCESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 UNIVERSITY OF MIAMI</td>
<td>1120 NW 14TH STREET MIAMI, FL 33136</td>
<td>501(C)(3)</td>
<td>200,000.</td>
<td></td>
<td>HIV TESTING</td>
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<tr>
<td>10 UNIVERSITY OF PUERTO RICO-MEDICAL SCIENCES</td>
<td>66-0433762</td>
<td>501(C)(3)</td>
<td>85,000.</td>
<td></td>
<td>HIV TESTING AWARENES</td>
<td></td>
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</tr>
<tr>
<td>11 VERMONT CARES</td>
<td>03-0307864</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td></td>
<td>MOBILIZING HIV PREVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 WOMEN WITH A VISION</td>
<td>1001 S. BROAD ST. NEW ORLEANS, LA 70125</td>
<td>501(C)(3)</td>
<td>100,000.</td>
<td></td>
<td>COMMUNITY ORGANIZING</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

(Form 990)

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

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

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

---

**ELTON JOHN AIDS FOUNDATION, INC.**

Name of the organization

**58-2033460**

Employer identification number

---

### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES INSTITUTE</td>
<td>65-0646667</td>
<td>501(C)(3)</td>
<td>25,000</td>
<td></td>
<td>TRAINING PROFESSIONAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>TRANSGENDER LAW CENTER</td>
<td>05-0544086</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td></td>
<td>SUPT. FOR AIDS CONF.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

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

Schedule I (Form 990) (2016)
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>6</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7 Supplemental Information</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SCHEDULE I, PART I, LINE 2**

ELTON JOHN AIDS FOUNDATION, INC. REQUIRES THE SUBMISSION OF THE INTERIM AND FINAL REPORTS FROM ALL ORGANIZATIONS RECEIVING FUNDING. ADDITIONALLY, THE FOUNDATION FREQUENTLY CONDUCTS SITE VISITS AND IN-PERSON MEETINGS WITH GRANTEES TO ASSESS THEIR PROGRESS.
### Part I  Questions Regarding Compensation

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

   - First-class or charter travel
   - Travel for companions
   - Tax indemnification and gross-up payments
   - Discretionary spending account
   - Housing allowance or residence for personal use
   - Payments for business use of personal residence
   - Health or social club dues or initiation fees
   - Personal services (such as, maid, chauffeur, chef)

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

   - Yes
   - No

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

   - Compensation committee
   - Independent compensation consultant
   - Form 990 of other organizations
   - Written employment contract
   - Compensation survey or study
   - Approval by the board or compensation committee

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

   - Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  
   - Yes
   - No

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

   - The organization?  
   - Yes
   - No

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

   - The organization?  
   - Yes
   - No

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

   - Yes
   - No

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

   - Yes
   - No

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

   - Yes
   - No

---

**Name of the organization:** ELTON JOHN AIDS FOUNDATION, INC.  
**Employer identification number:** 58-2033460
**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOTT P. CAMPBELL EXECUTIVE DIRECTOR</td>
<td>(i) 260,000.</td>
<td>(ii) 65,000.</td>
<td>(iii) 0.</td>
<td>(iv) 15,600.</td>
<td>(v) 13,068.</td>
</tr>
<tr>
<td>2</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>3</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>4</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>5</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>6</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>7</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>8</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>9</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
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<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
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<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>12</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td>13</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>14</td>
<td>(i) 0.</td>
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<tr>
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<tr>
<td>16</td>
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<td>(iii) 0.</td>
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<td>(v) 0.</td>
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</tbody>
</table>
Part III  Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
## SCHEDULE M (Form 990)

### Noncash Contributions

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

#### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art,</td>
<td>X</td>
<td>5.</td>
<td>111,500. FMV</td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (CRystal ART)</td>
<td>X</td>
<td>2.</td>
<td>570,000. FMV</td>
</tr>
<tr>
<td>26</td>
<td>Other (JEWELRY)</td>
<td>X</td>
<td>2.</td>
<td>209,000. FMV</td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>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</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
</tbody>
</table>

#### 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?  

- Yes
- No  

#### 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  

- Yes  

#### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  

- Yes  

#### 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.
PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4

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

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

FINALLY, MANY OF THE GRANTS AWARDED BY EJAF CAN BE CLASSIFIED UNDER MORE
THAN ONE OF THESE PRIORITY AREAS (I.E., LGBT YOUTH, BLACK AMERICANS IN
THE RURAL SOUTH, GAY INJECTION DRUG USERS, BLACK GAY MEN, ETC.).

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

TOTAL DOMESTIC GRANTS AWARDED: $7,259,312

TOTAL INTERNATIONAL GRANTS AWARDED: $427,133

2016 GRANT-MAKING PRIORITIES:

DURING 2016, EJAF DISBURSED GRANTS FOCUSED ON THE FOLLOWING GOALS:

HEALTH AND WELLNESS: EJAF FUNDS HIV-RELATED SERVICES AND ADVOCACY TO HELP
PEOPLE ATTAIN GOOD HEALTH. ACTIVITIES INCLUDE HIV TESTING, LINKING 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.

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

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

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

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

4. PEOPLE WHO INJECT DRUGS ACCOUNT FOR 12% OF NEW HIV INFECTIONS IN THE UNITED STATES, WITH HALF OF THESE INJECTION DRUG USERS BEING BLACK AMERICANS, ONE THIRD BEING WOMEN, AND ONE THIRD BEING GAY OR BISEXUAL MEN OR TRANSGENDER. 50 GRANTS SPECIFICALLY SUPPORTED THE HEALTH AND RIGHTS OF PEOPLE WHO INJECT DRUGS.

5. PEOPLE WHO ARE OR HAVE BEEN INCARCERATED ARE 14% OF ALL PEOPLE LIVING WITH HIV IN THE UNITED STATES, AND POSSIBLY A SIMILAR PROPORTION IN THE CARIBBEAN. 11 GRANTS DELIBERATELY SUPPORTED PEOPLE WHO ARE OR WERE INCARCERATED.

6. WOMEN AND GIRLS ARE 29% OF ALL PEOPLE LIVING WITH HIV IN THE UNITED STATES, AND HALF OF ALL PEOPLE LIVING WITH HIV IN THE CARIBBEAN. 25 GRANTS DELIBERATELY SUPPORTED WOMEN AND GIRLS.

7. ADOLESCENTS AND YOUNG ADULTS ACCOUNT FOR 20% OF NEW HIV INFECTIONS EVERY YEAR IN THE UNITED STATES AND OVER HALF OF NEW INFECTIONS IN THE CARIBBEAN. 33 GRANTS SUPPORTED ADOLESCENTS AND YOUNG ADULTS.

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

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

CANADA: EJAF INVESTS AND IS OPEN TO INVESTING PROGRAMS ACROSS PRIORITIES
IN CANADA. IN 2016, EJAF AWARDED TWO GRANTS TO ORGANIZATIONS WORKING IN
CANADA.

LATIN AMERICA: IN 2016, EJAF AWARDED THREE GRANTS IN MEXICO, PLUS ONE
REGIONAL GRANT SERVING LATIN AMERICA AND THE CARIBBEAN.

THE UNITED STATES: THE MAJORITY OF EJAF'S ANNUAL GRANT MAKING IS INVESTED
IN COMMUNITIES IN THE UNITED STATES HIGHLY IMPACTED BY HIV. IN 2016, EJAF
AWARDED MORE THAN $7.7 MILLION IN GRANTS FOR LOCAL COMMUNITY
ORGANIZATIONS AND NATIONAL PROGRAMS ACROSS ALL THEMATIC PRIORITY AREAS.

BUSINESS OR FAMILY RELATIONSHIPS
FORM 990, PART VI, SECTION A, LINE 2
ELTON JOHN AND DAVID FURNISH HAVE A FAMILY RELATIONSHIP

FORM 990 REVIEW PROCESS
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.

CONFlicts OF INTEREST POLICY
FORM 990, PART VI, LINE 12C
YES. ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST DOCUMENT, THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

PROCESS OF DETERMINING COMPENSATION
FORM 990, PART VI, LINE 15A AND 15B
COMPENSATION FOR THE FOUNDATION'S EXECUTIVE DIRECTOR WAS INITIALLY DETERMINED THROUGH THE FIELD REVIEW AND ANALYSIS CONDUCTED BY MERCER CONSULTING. ONGOING REVIEW OF SAID COMPENSATION IS CONDUCTED BY THE BOARD TREASURER, BOARD CHAIRMAN AND OTHER MEMBERS OF THE EXECUTIVE BOARD.

CONFlict OF INTEREST POLICY AND FINANCIAL STATEMENTS
FORM 990, PART VI, 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 III, LINE 1 - ORGANIZATION'S MISSION
THE MISSION OF THE ELTON JOHN AIDS FOUNDATION (EJAF) IS TO END THE AIDS EPIDEMIC BY ENSURING EVERYONE HAS THE INFORMATION AND MEANS TO PREVENT INFECTION AND ALL PEOPLE LIVING WITH HIV HAVE ACCESS TO HIGH-QUALITY MEDICAL CARE AND TREATMENT ACROSS THE UNITED STATES, THE AMERICAS, AND THE CARIBBEAN.
**990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>DESCRIPTION OF SERVICES</th>
<th>COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAB PRODUCTIONS, INC.</td>
<td>EVENT COORDINATOR</td>
<td>150,454.</td>
</tr>
<tr>
<td>64 ALLEN STREET, 5TH FLOOR NEW YORK, NY 10002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE FREMONT CENTER</td>
<td>GRANT CONSULTING</td>
<td>135,275.</td>
</tr>
<tr>
<td>P.O. BOX 41 FREMONT CENTER, NY 12736</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BERLIN ROSEN, LTD.</td>
<td>PUBLIC RELATIONS</td>
<td>122,000.</td>
</tr>
<tr>
<td>15 MAIDEN LANE, SUITE 1600 NEW YORK, NY 10038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEST WING WRITERS</td>
<td>WRITING/COMM.</td>
<td>120,000.</td>
</tr>
<tr>
<td>1150 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036</td>
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</tbody>
</table>