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April 23, 2014

RETHINKING AIDS  
2302 ZANE PLACE  
COLORADO SPRINGS, CO 80909

Dear Sir,

I have prepared your 2013 Form 990PF based on the information you provided. Please review the enclosed copy for RETHINKING AIDS, then sign the IRS e-file Signature Authorization Form 8879-EO and return it to me. When I receive the signed authorization, I will e-file your return.

There are no taxes or fees due with the return.

Also enclosed, please find two copies of the 2013 California 199 for RETHINKING AIDS. Review the return, then file one copy with the state and retain the second copy for RETHINKING AIDS records. An authorized officer or fiduciary of the organization must sign and date the filing copy on page 1 before mailing.

Include with the California 199 return, but do not staple or otherwise attach, a check made payable to the 'FRANCHISE TAX BOARD' in the amount of \$10. Write '2013 Form CA 199' and the employer identification number on the check.

I recommend that you mail the California 199 return on or before May 15, 2014, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0501

If you have any questions about the return(s) or about RETHINKING AIDS's tax situation during the year, please do not hesitate to call me at (510) 759-8070. I appreciate this opportunity to serve you.

Sincerely,

CYNTHIA LARSEN  
CYNTHIA A LARSEN CPA

**Privacy Notice**

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter Social Security numbers on this form as it may be made public.**  
▶ **Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**

**Open to Public Inspection**

**For calendar year 2013 or tax year beginning** \_\_\_\_\_ **, and ending** \_\_\_\_\_

Name of foundation <b>RETHINKING AIDS</b>			<b>A Employer identification number</b>  31-1688738	
Number and street (or P.O. box number if mail is not delivered to street address) <b>2302 ZANE PLACE</b>		Room/suite	<b>B Telephone number (see instructions)</b>  510.594.8635	
City or town <b>COLORADO SPRINGS</b>	State <b>CO</b>	ZIP code <b>80909</b>		
Foreign country name	Foreign province/state/county	Foreign postal code		
<b>G Check all that apply:</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change			<b>D 1.</b> Foreign organizations, check here . . . . . <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>	
<b>H Check type of organization:</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>	
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$</b> 3,325		<b>J Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>		
<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . <input type="checkbox"/>				

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	5,190			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .				
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .	5,190	0	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. . . . .				
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule) . . . . .				
	<b>b</b> Accounting fees (attach schedule) . . . . .	775			
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	10			
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .	1,568			1,568
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule) . . . . .	2,996			2,996
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	5,349	0	0	4,564
	<b>25</b> Contributions, gifts, grants paid . . . . .				
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	5,349	0	0	4,564	
<b>27 Subtract line 26 from line 12:</b>					
<b>a Excess of revenue over expenses and disbursements</b> . . . . .	-159				
<b>b Net investment income</b> (if negative, enter -0-) . . . . .		0			
<b>c Adjusted net income</b> (if negative, enter -0-) . . . . .			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,484	3,325	3,325
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
<b>15</b> Other assets (describe ▶ )				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	3,484	3,325	3,325	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ )			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	3,484	3,325		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	3,484	3,325		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	3,484	3,325		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>1</b>	3,484
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	-159
<b>3</b> Other increases not included in line 2 (itemize) ▶		<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	3,325
<b>5</b> Decreases not included in line 2 (itemize) ▶		<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .		<b>6</b>	3,325

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b> 0
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{ }		<b>3</b> 0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012			0.000000
2011			0.000000
2010			0.000000
2009			0.000000
2008			0.000000
<b>2</b>	<b>Total</b> of line 1, column (d)		<b>2</b> 0.000000
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b> 0.000000
<b>4</b>	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5		<b>4</b>
<b>5</b>	Multiply line 4 by line 3		<b>5</b>
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b> 0
<b>7</b>	Add lines 5 and 6		<b>7</b> 0
<b>8</b>	Enter qualifying distributions from Part XII, line 4		<b>8</b> 0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and credits/payments. Columns include line numbers and numerical values.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, Form 1120-POL, and substantial contributors. Columns include question numbers and Yes/No responses.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) . . . . . 11 X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address RETHINKING AIDS
14 The books are in care of SIGRID DUESBERG Telephone no. 510.594.8635
Located at 5373 THOMAS AVENUE OAKLAND CA ZIP+4 94618
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year . . . . . 15
16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 Yes No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . Yes No X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . Yes No X
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . 1b N/A
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . Yes No X
If "Yes," list the years 20 , 20 , 20 , 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) . . . . . 2b X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes No X
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) . . . . . 3b N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? . . . . . 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No

Organizations relying on a current notice regarding disaster assistance check here  **5b** N/A

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If "Yes" to 6b, file Form 8870. **6b** X

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **7b** N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement	.00	0		
	.00	0		
	.00	0		
	.00	0		

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 AIDS related activities were the enhancements to the rethinkingaids.com website, and the establishment of numerous language or country specific facebook groups	2,406
2 Rethinking Aids assisted a family in their legal struggles regarding the status of their baby, son of HIV+ mother.	1,569
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1	
2	
3 All other program-related investments. See instructions.	

**Total.** Add lines 1 through 3 . . . . . ▶ 0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	0
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	0
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	0

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5 . . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2013. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	0
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	0

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	4,564
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	4,564
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	4,564

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7 . . . . .				
2 Undistributed income, if any, as of the end of 2013:				
a Enter amount for 2012 only . . . . .			0	
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2013:				
a From 2008 . . . . .				
b From 2009 . . . . .				
c From 2010 . . . . .				
d From 2011 . . . . .				
e From 2012 . . . . .				
f <b>Total</b> of lines 3a through e . . . . .	0			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ \$ <u>4,564</u>				
a Applied to 2012, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
c Treated as distributions out of corpus (Election required—see instructions) . . . . .				
d Applied to 2013 distributable amount . . . . .				
e Remaining amount distributed out of corpus . . . . .	4,564			
5 Excess distributions carryover applied to 2013 . . . . . <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	4,564			
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .				
9 <b>Excess distributions carryover to 2014.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,564			
10 Analysis of line 9:				
a Excess from 2009 . . . . .				
b Excess from 2010 . . . . .				
c Excess from 2011 . . . . .				
d Excess from 2012 . . . . .				
e Excess from 2013 . . . . .				4,564

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling . . . . .  **1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling . . . . .  **1b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					0
<b>b</b> 85% of line 2a . . . . .					0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					0
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
 SIGRID DUESBERG 5373 THOMAS AVENUE OAKLAND, CA 94618 (510) 594-8635

**b** The form in which applications should be submitted and information and materials they should include:

PER CONTACT ABOVE

**c** Any submission deadlines:  
 NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

AWARDS GRANTED ARE RELATED TO THE ORGANIZATIONS FOCUSED ON AIDS HIV PARADIGM

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
<b>Total</b>			▶ <b>3a</b>	<b>0</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>			▶ <b>3b</b>	<b>0</b>



Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name CYNTHIA LARSEN Preparer's signature Date 4/23/2014 Check [X] if self-employed PTIN P00297006 Firm's name CYNTHIA A LARSEN CPA Firm's EIN Firm's address 15225 DAYTON CT, SAN LEANDRO, CA 94579 Phone no. (510) 759-8070

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

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ 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).

<b>Name of the organization</b> RETHINKING AIDS	<b>Employer identification number</b> 31-1688738
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

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

<b>Name of organization</b> RETHINKING AIDS	<b>Employer identification number</b> 31-1688738
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT LEPP0 ----- 532 MORNINGHOME ROAD ----- DANVILLE CA 94526 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> RETHINKING AIDS	<b>Employer identification number</b> 31-1688738
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> RETHINKING AIDS	<b>Employer identification number</b> 31-1688738
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ 0  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

**Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code**

**2013**

Department of the Treasury  
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)

Information about Form 4720 and its separate instructions is at [www.irs.gov/form4720](http://www.irs.gov/form4720).

For calendar year 2013 or other tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20

Name of organization or entity <b>RETHINKING AIDS</b>		Employer identification number <b>31-1688738</b>
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) <b>2302 ZANE PLACE</b>		Check box for type of annual return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code <b>COLORADO SPRINGS, CO 80909</b>		

	Yes	No
<b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)? . . . . .		
<b>B</b> Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) . . . . .		

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$ \_\_\_\_\_. If "No," (i.e., any uncorrected acts or transactions), attach an explanation (see instructions).

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

<b>1</b> Tax on undistributed income—Schedule B, line 4 . . . . .	<b>1</b>	
<b>2</b> Tax on excess business holdings—Schedule C, line 7 . . . . .	<b>2</b>	
<b>3</b> Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e) . . . . .	<b>3</b>	
<b>4</b> Tax on taxable expenditures—Schedule E, Part I, column (g) . . . . .	<b>4</b>	
<b>5</b> Tax on political expenditures—Schedule F, Part I, column (e) . . . . .	<b>5</b>	
<b>6</b> Tax on excess lobbying expenditures—Schedule G, line 4 . . . . .	<b>6</b>	
<b>7</b> Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e) . . . . .	<b>7</b>	
<b>8</b> Tax on premiums paid on personal benefit contracts . . . . .	<b>8</b>	
<b>9</b> Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) . . . . .	<b>9</b>	
<b>10</b> Tax on taxable distributions—Schedule K, Part I, column (f) . . . . .	<b>10</b>	
<b>11</b> Tax on a charitable remainder trust's unrelated business taxable income. Attach statement . . . . .	<b>11</b>	
<b>12</b> Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2 . . . . .	<b>12</b>	
<b>13 Total</b> (add lines 1–12) . . . . .	<b>13</b>	<b>0</b>

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code		(b) Taxpayer identification number		
<b>a</b>				
<b>b</b>				
<b>c</b>				
	(c) Tax on self-dealing—Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures—Schedule E, Part II, col. (d)	(f) Tax on political expenditures—Schedule F, Part II, col. (d)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col. (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col. (d)	(j) Tax on taxable distributions—Schedule K, Part II, col. (d)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	(k) Tax on prohibited benefits—Sch L, Part II, col. (d), and Part III, col. (d)			(l) Total—Add cols. (c) through (k)
<b>a</b>				<b>0</b>
<b>b</b>				<b>0</b>
<b>c</b>				<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>		

<b>Part II-B Summary of Taxes (See Tax Payments in the instructions.)</b>			
<b>1</b>	Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) . . . . .	<b>1</b>	
<b>2</b>	<b>Total tax.</b> Add Part I, line 13, and Part II-B, line 1. . . . .	<b>2</b>	0
<b>3</b>	Total payments including amount paid with Form 8868 (see instructions) . . . . .	<b>3</b>	
<b>4</b>	<b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions) . . . . . ▶	<b>4</b>	0
<b>5</b>	<b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund . . . . . ▶	<b>5</b>	0

**SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)**

<b>Part I Acts of Self-Dealing and Tax Computation</b>				
(a) Act number	(b) Date of act	(c) Description of act		
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealing (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))	
		0	0	
		0	0	
		0	0	
		0	0	
		0	0	

<b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b>			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

<b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

**SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)**

<b>1</b>	Undistributed income for years before 2012 (from Form 990-PF for 2013, Part XIII, line 6d)	<b>1</b>	
<b>2</b>	Undistributed income for 2012 (from Form 990-PF for 2013, Part XIII, line 6e) . . . . .	<b>2</b>	
<b>3</b>	Total undistributed income at end of current tax year beginning in 2013 and subject to tax under section 4942 (add lines 1 and 2) . . . . .	<b>3</b>	0
<b>4</b>	<b>Tax</b> —Enter 30% of line 3 here and on Part I, line 1 . . . . .	<b>4</b>	0

**SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)**

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
<b>1</b> Foundation holdings in business enterprise . . . . .	1 %	%	
<b>2</b> Permitted holdings in business enterprise . . . . .	2 %	%	
<b>3</b> Value of excess holdings in business enterprise . . . . .	<b>3</b>		
<b>4</b> Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) . . . . .	<b>4</b>		
<b>5</b> Taxable excess holdings in business enterprise—line 3 minus line 4 . . . . .	<b>5</b> 0	0	0
<b>6</b> Tax— Enter 10% of line 5 . . . . .	<b>6</b> 0	0	0
<b>7 Total tax</b> — Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	<b>7</b> 0		

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)**

**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col. (d))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
<b>Total</b> — Column (e). Enter here and on Part I, line 3 . . . . .				0	
<b>Total</b> — Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .					0

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)

<b>Part I Expenditures and Computation of Tax</b>				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col. (b))
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0
<b>Total</b> — Column (g). Enter here and on Part I, line 4 . . . . .			0	
<b>Total</b> — Column (h). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .				0

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
<b>Total</b> — Column (e). Enter here and on Part I, line 5 . . . . .				0	
<b>Total</b> — Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .					0

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

**SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)**

<b>1</b> Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.) . . . . .	<b>1</b>	
<b>2</b> Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.) . . . . .	<b>2</b>	
<b>3</b> Taxable lobbying expenditures—enter the larger of line 1 or line 2 . . . . .	<b>3</b>	0
<b>4 Tax</b> —Enter 25% of line 3 here and on Part I, line 6 . . . . .	<b>4</b>	0

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)**

**Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col. (b))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
<b>Total</b> — Column (e). Enter here and on Part I, line 7 . . . . .				0	
<b>Total</b> — Column (f). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .					0

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)**

**Part I Excess Benefit Transactions and Tax Computation**

(a) Transaction number	(b) Date of transaction	(c) Description of transaction	(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued**

**Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)**

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**

(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection	(d) Description of transaction		
1					
2					
3					
4					
5					
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer <b>Yes</b> or <b>No</b>		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)	
				0	
				0	
				0	
				0	
				0	
				0	
<b>Total—</b> Column (h). Enter here and on Part I, line 9 . . . . .				0	



**Part II Tax Imposed on Entity Managers (Section 4965) Continued**

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
			0
			0
			0
			0
			0

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.**

**Part I Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
		0	0
		0	0
		0	0
		0	0
<b>Total—</b> Column (f). Enter here and on Part I, line 10 . . . . .		0	0
<b>Total—</b> Column (g). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .			0

**Part II Summary of Tax Liability of Fund Managers and Proration of Payments**

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).**

See the instructions.

**Part I Prohibited Benefits and Tax Computation**

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit	
1			
2			
3			
4			
5			
(d) Amount of prohibited benefit		(e) Tax on prohibited benefit (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)
		0	0
		0	0
		0	0
		0	0
		0	0

**Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments**

(a) Names of donors, donor advisor, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

**Part III Tax Liability of Fund Managers and Proration of Payments**

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

**Schedule M—Tax on Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

**Part I** Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3)

(a) Item number	(b) Name of facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

**Part II** Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) . . . . .	1	
2	<b>Tax</b> —Enter \$50,000 multiplied by line 1 here and on Part I, line 12 . . . . .	2	0

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

**Sign Here**

▶ Signature of officer or trustee	Title	Date
▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
▶ Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CYNTHIA LARSEN</b>	Preparer's signature	Date <b>4/23/2014</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00297006</b>
	Firm's name ▶ <b>CYNTHIA A LARSEN CPA</b>				Firm's EIN ▶
	Firm's address ▶ <b>15225 DAYTON CT, SAN LEANDRO, CA 94579</b>				Phone no. <b>(510) 759-8070</b>

**Part I, Line 16b (990-PF) - Accounting Fees**

		775	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	TAX ACCOUNTING	775			
2					

**Part I, Line 18 (990-PF) - Taxes**

		10	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	STATE OF CALIFORNIA	10			

**Part I, Line 23 (990-PF) - Other Expenses**

		2,996	0	0	2,996
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	BANK FEES	90			90
2	PAY PAL FEES	8			8
3	POSTAGE	26			26
4	PRINTING	466			466
5	ADMINISTRATIVE COSTS	2,406			2,406

## Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

											0	0	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account	
1	DAVID CROWE		102 POINT DRIVE NW	CALGARY			Canada	PRESIDENT	0.50	0	0	0	
2	ROBERTO A GIRALDO		AV ROBOUCAS 3819	SAO PAULO			Brazil	DIRECTOR	0.25	0	0	0	
3	DAVID RASNICK		549 FAIRBANKS AVENUE	OAKLAND	CA	94610		DIRECTOR	0.25	0	0	0	
4	FRANK LUSARDI		APT 6X 305 EAST 40TH ST	NEW YORK	NY	10016		DIRECTOR	0.25	0	0	0	
5	PETER DUESBERG		5373 THOMAS AVENUE	OAKLAND	CA	94618		DIRECTOR	0.25	0	0	0	
6	CHRISTIAN FIALA, GYNMED CLIN		MARIA HILFERGUERTEL 37	VIENNA			Austria	DIRECTOR	0.25	0	0	0	
7	GORDON STEWART		29/8 INVERLEITH PLACE	EDENBURGH			United Kingdom (England, Northern Ireland, Scotland)	DIRECTOR	0.25	0	0	0	
8	CHARLES GEISHEKTER		2560 NORTH AVENUE	CHICO	CA	95973		DIRECTOR	0.25	0	0	0	
9	CLAUS KOEHNLEIN		24103 KIEL	KONIGSWEG			Germany	DIRECTOR	0.25	0	0	0	
10	ROBERT LEPPA		532 MORNINGHOME ROAD	DANVILLE	CA	94526		DIRECTOR	0.25	0	0	0	
11	HENRY BAUER		13060 HIGHLAND CIRCLE	BLACKSBURG	VA	24060		DIRECTOR	0.25	0	0	0	
12	JOAN SHENTON		17 IVY LODGE 122 NOTTING HILL G	LONDON			United Kingdom (England, Northern Ireland, Scotland)	DIRECTOR	0.25	0	0	0	
13	MARCO RUGGIERO		VITALE MORGAGNI 50	FIRENZE			Italy	DIRECTOR	0.25	0	0	0	
14	HELEN LAUER		LEGON POST OFFICE	ACCRA			Ghana	DIRECTOR	0.25	0	0	0	

California Exempt Organization Annual Information Return

2013

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization Name: RETHINKING AIDS
Address: 2302 ZANE PLACE, COLORADO SPRINGS, CO 80909
FEIN: 31-1688738

A First Return
B Amended Information Return
C IRC Section 4947 (a)(1) trust
D Final Information Return?
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed?
G Is this a group filing for the subordinates/affiliates?
H Is this organization in a group exemption?
I Did the organization have any changes in its activities...

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable...
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?

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

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amount.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: PRESIDENT. Title: PRESIDENT. Date: 04/23/2014.
Paid Preparer's Use Only: Firm's name (or yours, if self-employed) and address: CYNTHIA A LARSEN CPA, 15225 DAYTON CT, SAN LEANDRO, CA 94579. Telephone: (510) 759-8070.

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	1	0	00
	2	Interest	2	0	00
	3	Dividends	3	0	00
	4	Gross rents	4	0	00
	5	Gross royalties	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	6	0	00
	7	Other income. Attach schedule	7	0	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	0	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	00
	10	Disbursements to or for members.	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0	00
	12	Other salaries and wages	12	0	00
	13	Interest	13	0	00
	14	Taxes	14	10	00
	15	Rents	15	0	00
	16	Depreciation and depletion (See instructions)	16	0	00
	17	Other Expenses and Disbursements. Attach schedule	17	5,339	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	5,349	00

	Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)		
<b>Assets</b>						
1 Cash		3,484.		●	3,325.	
2 Net accounts receivable		0.		●	0.	
3 Net notes receivable		0.		●	0.	
4 Inventories		0.		●	0.	
5 Federal and state government obligations		0.		●	0.	
6 Investments in other bonds		0.		●	0.	
7 Investments in stock		0.		●	0.	
8 Mortgage loans		0.		●	0.	
9 Other investments. Attach schedule		0.		●	0.	
10 a Depreciable assets	0.		0.			
b Less accumulated depreciation	( 0. )	0.	( 0. )		0.	
11 Land		0.		●	0.	
12 Other assets. Attach schedule		0.		●	0.	
13 Total assets		3,484.			3,325.	
<b>Liabilities and net worth</b>						
14 Accounts payable		0.		●	0.	
15 Contributions, gifts, or grants payable		0.		●	0.	
16 Bonds and notes payable		0.		●	0.	
17 Mortgages payable		0.		●	0.	
18 Other liabilities. Attach schedule		0.			0.	
19 Capital stock or principle fund		0.		●	0.	
20 Paid-in or capital surplus. Attach reconciliation		0.		●	0.	
21 Retained earnings or income fund		3,484.		●	3,325.	
22 Total liabilities and net worth		3,484.			3,325.	

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	0.	7	Income recorded on books this year not included in this return. Attach schedule	●	0.
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.		
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		0.
4	Income not recorded on books this year. Attach schedule	●	0.	10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	0.		Subtract line 9 from line 6		0.
6	Total. Add line 1 through line 5		0.				



**Line 3, Part I (CA 199) - Contributor Detail Schedule**

5,000

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
1	ROBERT LEPPA	532 MORNINGHOME ROAD	DANVILLE	CA	94526				5,000
2									

**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

0

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	DAVID CROWE	102 POINT DRIVE NW	CALGARY			PRESIDENT	0.5	0
2	ROBERTO A GIRALDO	AV ROBOUCAS 3819	SAO PAULO			DIRECTOR	0.3	0
3	DAVID RASNICK	549 FAIRBANKS AVENUE	OAKLAND	CA	94610	DIRECTOR	0.3	0
4	FRANK LUSARDI	APT 6X 305 EAST 40TH ST	NEW YORK	NY	10016	DIRECTOR	0.3	0
5	PETER DUESBERG	5373 THOMAS AVENUE	OAKLAND	CA	94618	DIRECTOR	0.3	0
6	CHRISTIAN FIALA, GYNMED CLIN	MARIA HILFERGUERTEL 37	VIENNA			DIRECTOR	0.3	0
7	GORDON STEWART	29/8 INVERLEITH PLACE	EDENBURGH			DIRECTOR	0.3	0
8	CHARLES GEISHEKTER	2560 NORTH AVENUE	CHICO	CA	95973	DIRECTOR	0.3	0
9	CLAUS KOEHNLEIN	24103 KIEL	KONIGSWEG			DIRECTOR	0.3	0
10	ROPERT LEPO	532 MORNINGHOME ROAD	DANVILLE	CA	94526	DIRECTOR	0.3	0
11	HENRY BAUER	13060 HIGHLAND CIRCLE	BLACKSBURG	VA	24060	DIRECTOR	0.3	0
12	JOAN SHENTON	17 IVY LODGE 122 NOTTING HILL G	LONDON			DIRECTOR	0.3	0
13	MARCO RUGGIERO	VITALE MORGAGNI 50	FIRENZE			DIRECTOR	0.3	0
14	HELEN LAUER	LEGON POST OFFICE	ACCRA			DIRECTOR	0.3	0

**Line 17, Part II (CA 199) - Other Deductions**

<b>1</b>	Pension plans, employee benefits . . . . .	<b>1</b>	<u>0</u>
<b>2</b>	Legal fees . . . . .	<b>2</b>	<u>0</u>
<b>3</b>	Accounting fees . . . . .	<b>3</b>	<u>775</u>
<b>4</b>	Other professional fees . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Travel, conferences, and meetings . . . . .	<b>5</b>	<u>1,568</u>
<b>6</b>	Printing and publications . . . . .	<b>6</b>	<u>0</u>
<b>7</b>	Special events direct expenses . . . . .	<b>7</b>	<u>0</u>
<b>8</b>	Office expenses . . . . .	<b>8</b>	<u>0</u>
<b>9</b>	Other expenses . . . . .	<b>9</b>	<u>2,996</u>
<b>10</b>	_____	<b>10</b>	_____
<b>11</b>	_____	<b>11</b>	_____
<b>12</b>	<b>Total</b> . . . . .	<b>12</b>	<u><b>5,339</b></u>