

**Return of Private Foundation**

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
Do not enter social security numbers on this form as it may be made public.

**2016**

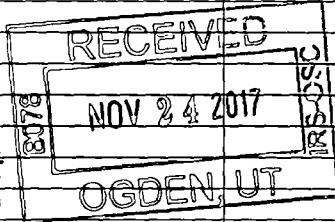
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

Open to Public Inspection

For calendar year **2016** or tax year beginning , **2016**, and ending , **20**

|   |  |   |
|---|--|---|
| Name of foundation<br><b>GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION</b>                                     |  | <b>A</b> Employer identification number<br>20-0031992   |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>5 CRESCENT DRIVE, NY0200</b> |  | <b>B</b> Telephone number (see instructions)<br>(215) 751-3684  |
| Room/suite  |  |   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>PHILADELPHIA, PA 19112</b>           |  | <b>C</b> If exemption application is pending, check here. <input type="checkbox"/>  |
| <b>G</b> Check all that apply   | <input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change  | <b>D</b> 1 Foreign organizations, check here. <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/> |
|   | <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>   |
| <b>H</b> Check type of organization   | <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 29,737,574.</b>     | <b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br><i>(Part I, column (d) must be on cash basis)</i>            |   |

|   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|------------------------------------|---------------------------|-------------------------|---|
| <b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |                                    |                           |                         |   |
| <b>Revenue</b>  |                                    |                           |                         |   |
| 1 Contributions, gifts, grants, etc., received (attach schedule).<br>2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .         | 390,121,702.                       |                           |                         |   |
| 3 Interest on savings and temporary cash investments.   |                                    |                           |                         |   |
| 4 Dividends and interest from securities . . . . .  |                                    |                           |                         |   |
| 5a Gross rents . . . . .  |                                    |                           |                         |   |
| b Net rental income or (loss) . . . . .   |                                    |                           |                         |   |
| 6a Net gain or (loss) from sale of assets not on line 10<br>b Gross sales price for all assets on line 6a . . . . .   |                                    |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2) . . . . .  |                                    | 0.                        |                         |   |
| 8 Net short-term capital gain. . . . .  |                                    |                           |                         |   |
| 9 Income modifications . . . . .  |                                    |                           |                         |   |
| 10a Gross sales less returns and allowances . . . . .   |                                    |                           |                         |   |
| b Less Cost of goods sold . . . . .   |                                    |                           |                         |   |
| c Gross profit or (loss) (attach schedule) . . . . .  |                                    |                           |                         |   |
| 11 Other income (attach schedule) . . . . .   |                                    |                           |                         |   |
| 12 <b>Total</b> Add lines 1 through 11 . . . . .  | 390,121,702.                       | 0.                        |                         |   |
| <b>Operating and Administrative Expenses</b>  |                                    |                           |                         |   |
| 13 Compensation of officers, directors, trustees, etc. . . . .  | 0.                                 |                           |                         |   |
| 14 Other employee salaries and wages . . . . .  |                                    |                           |                         |   |
| 15 Pension plans, employee benefits . . . . .   |                                    |                           |                         |   |
| 16a Legal fees (attach schedule) . . . . .  |                                    |                           |                         |   |
| b Accounting fees (attach schedule) . . . . .   |                                    |                           |                         |   |
| c Other professional fees (attach schedule) . . . . .   |                                    |                           |                         |   |
| 17 Interest . . . . .   |                                    |                           |                         |   |
| 18 Taxes (attach schedule) (see instructions). . . . .  |                                    |                           |                         |   |
| 19 Depreciation (attach schedule) and depletion . . . . .   |                                    |                           |                         |   |
| 20 Occupancy . . . . .  |                                    |                           |                         |   |
| 21 Travel, conferences, and meetings . . . . .  |                                    |                           |                         |   |
| 22 Printing and publications . . . . .  |                                    |                           |                         |   |
| 23 Other expenses (attach schedule) <b>ATCH 1.</b> . . . . .  | 14,169,228.                        |                           |                         | 14,169,228.   |
| 24 <b>Total operating and administrative expenses</b><br>Add lines 13 through 23. . . . .   | 14,169,228.                        |                           |                         | 14,169,228.   |
| 25 Contributions, gifts, grants paid . . . . .  | 375,952,474.                       |                           |                         | 375,952,474.  |
| 26 <b>Total expenses and disbursements</b> Add lines 24 and 25 . . . . .  | 390,121,702.                       |                           |                         | 390,121,702.  |
| 27 Subtract line 26 from line 12  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements . . . . .   | 0.                                 |                           |                         |   |
| b <b>Net investment income</b> (if negative, enter -0-) . . . . .   |                                    | 0.                        |                         |   |
| c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .   |                                    |                           |                         |   |



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| Part II Balance Sheets      |   | 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 |
| Assets                      | 1   | Cash - non-interest-bearing . . . . .   |                   |                |                       |
|                             | 2   | Savings and temporary cash investments . . . . .  |                   |                |                       |
|                             | 3   | Accounts receivable ▶ . . . . .   |                   |                |                       |
|                             |   | Less allowance for doubtful accounts ▶ . . . . .  |                   |                |                       |
|                             | 4   | Pledges receivable ▶ . . . . .  |                   |                |                       |
|                             |   | Less allowance for doubtful accounts ▶ . . . . .  |                   |                |                       |
|                             | 5   | Grants receivable . . . . .   |                   |                |                       |
|                             | 6   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                   |                |                       |
|                             | 7   | Other notes and loans receivable (attach schedule) ▶ . . . . .  |                   |                |                       |
|                             |   | Less allowance for doubtful accounts ▶ . . . . .  |                   |                |                       |
|                             | 8   | Inventories for sale or use . . . . .   | 30,996,799.       | 29,737,574.    | 29,737,574.           |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |                   |                |                       |
|                             | 10a   | Investments - U S and state government obligations (attach schedule) . . . . .  |                   |                |                       |
|                             | b   | Investments - corporate stock (attach schedule) . . . . .   |                   |                |                       |
|                             | c   | Investments - corporate bonds (attach schedule) . . . . .   |                   |                |                       |
|                             | 11  | Investments - land, buildings, and equipment basis ▶ . . . . .  |                   |                |                       |
|                             | Less accumulated depreciation ▶ (attach schedule) . . . . .   |   |                   |                |                       |
| 12                          | Investments - mortgage loans . . . . .  |   |                   |                |                       |
| 13                          | Investments - other (attach schedule) . . . . .   |   |                   |                |                       |
| 14                          | Land, buildings, and equipment basis ▶ . . . . .  |   |                   |                |                       |
|                             | Less accumulated depreciation ▶ (attach schedule) . . . . .   |   |                   |                |                       |
| 15                          | Other assets (describe ▶ . . . . .)   |   |                   |                |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . . | 30,996,799.   | 29,737,574.       | 29,737,574.    |                       |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   | 30,996,799.       | 29,737,574.    |                       |
|                             | 18  | Grants payable . . . . .  |                   |                |                       |
|                             | 19  | Deferred revenue . . . . .  |                   |                |                       |
|                             | 20  | Loans from officers, directors, trustees, and other disqualified persons . . . . .  |                   |                |                       |
|                             | 21  | Mortgages and other notes payable (attach schedule) . . . . .   |                   |                |                       |
|                             | 22  | Other liabilities (describe ▶ . . . . .)  |                   |                |                       |
| 23                          | <b>Total liabilities</b> (add lines 17 through 22) . . . . .  | 30,996,799.   | 29,737,574.       |                |                       |
| Net Assets or Fund Balances | <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>  |   |                   |                |                       |
|                             | 24  | Unrestricted . . . . .  |                   |                |                       |
|                             | 25  | Temporarily restricted . . . . .  |                   |                |                       |
|                             | 26  | 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>  |   |                   |                |                       |
|                             | 27  | Capital stock, trust principal, or current funds . . . . .  |                   |                |                       |
| 28                          | Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .                                       |   |                   |                |                       |
| 29                          | Retained earnings, accumulated income, endowment, or other funds . . . . .                                    |   |                   |                |                       |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .   | 0.  | 0.                |                |                       |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .                            | 30,996,799.   | 29,737,574.       |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances |  |   |    |
|---|--|---|----|
| 1   | 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) . . . . . | 1 |    |
| 2   | Enter amount from Part I, line 27a . . . . .   | 2 | 0. |
| 3   | Other increases not included in line 2 (itemize) ▶ . . . . .   | 3 |    |
| 4   | Add lines 1, 2, and 3 . . . . .  | 4 | 0. |
| 5   | Decreases not included in line 2 (itemize) ▶ . . . . .   | 5 |    |
| 6   | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .   | 6 | 0. |

Part IV Capital Gains and Losses for Tax on Investment Income

Table with columns (a) through (k) for listing assets, their sales prices, depreciation, basis, and gains/losses. Includes sub-sections for assets owned on 12/31/69 and summary rows for capital gain net income and net short-term capital gain.

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

Table for qualification under Section 4940(e) with columns (a) Base period years, (b) Adjusted qualifying distributions, (c) Net value of noncharitable-use assets, and (d) Distribution ratio. Includes summary rows 2 through 8.

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 items like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', 'Credits/Payments', and 'Total credits and payments'. Columns include line numbers and amounts.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions like 'During the tax year, did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 during the year for political purposes?', and 'Has the foundation engaged in any activities that have not previously been reported to the IRS?'. 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).
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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of GLAXOSMITHKLINE Telephone no 215-751-4000
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
16 At any time during calendar year 2016, 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?

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(6) Agree to pay money or property to a government official?
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)?
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 2016?
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?
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?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2016 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?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2016?

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... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax... 6a Did the foundation, during the year, receive any funds... 6b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?... 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?...

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).

Table with 5 columns: (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. Row 1: ATCH 2, 0, 0, 0.

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

Table with 5 columns: (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. Row 1: 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 PLEASE SEE ATTACHMENT 4 AND 5 FOR PROGRAM LISTING  | 375,952,474. |
| 2  |              |
| 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 NONE   |        |
| 2  |        |
| All other program-related investments See instructions   |        |
| 3 NONE   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ▶  |        |

**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> |    |
| <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 2016 from Part VI, line 5 . . . . .   | <b>2a</b> |  |
| <b>b</b>  | Income tax for 2016 (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>  |  |
| <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>  |  |

**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> | 390,121,702. |
| <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>  | 390,121,702. |
| <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>  | 0.           |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .  | <b>6</b>  | 390,121,702. |

**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)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2016 from Part XI, line 7 . . . . .   |               |                            |             | 0.          |
| 2 Undistributed income, if any, as of the end of 2016  |               |                            |             |             |
| a Enter amount for 2015 only. . . . .  |               |                            |             |             |
| b Total for prior years 20 14 , 20 13 , 20 12 . . . . .  |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2016  |               |                            |             |             |
| a From 2011 . . . . .  |               |                            |             |             |
| b From 2012 . . . . .  |               |                            |             |             |
| c From 2013 . . . . .  |               |                            |             |             |
| d From 2014 . . . . .  |               |                            |             |             |
| e From 2015 . . . . .  |               |                            |             |             |
| f Total of lines 3a through e . . . . .  | 0.            |                            |             |             |
| 4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ _____   |               |                            |             |             |
| a Applied to 2015, 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 2016 distributable amount. . . . .  |               |                            |             |             |
| e Remaining amount distributed out of corpus. . . . .  |               |                            |             |             |
| 5 Excess distributions carryover applied to 2016 . (If an amount appears in column (d), the same amount must be shown in column (a) )  |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  |               |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b. . . . .   |               |                            |             |             |
| 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 2015 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .  |               |                            |             |             |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017. . . . .   |               |                            |             |             |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .       |               |                            |             |             |
| 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . . . .  |               |                            |             |             |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .  | 0.            |                            |             |             |
| 10 Analysis of line 9  |               |                            |             |             |
| a Excess from 2012 . . . . .   |               |                            |             |             |
| b Excess from 2013 . . . . .   |               |                            |             |             |
| c Excess from 2014 . . . . .   |               |                            |             |             |
| d Excess from 2015 . . . . .   |               |                            |             |             |
| e Excess from 2016 . . . . .   |               |                            |             |             |

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|   | Tax year     |              | Prior 3 years |              | (e) Total      |
|---|--------------|--------------|---------------|--------------|----------------|
|   | (a) 2016     | (b) 2015     | (c) 2014      | (d) 2013     |                |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |              |              |               |              |                |
| b 85% of line 2a . . . . .  |              |              |               |              |                |
| c Qualifying distributions from Part XII, line 4 for each year listed . . . . .   | 390,121,702. | 400,020,917. | 577,857,462.  | 645,134,919. | 2,013,135,000. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |              |              |               |              |                |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .                                    | 390,121,702. | 400,020,917. | 577,857,462.  | 645,134,919. | 2,013,135,000. |
| 3 Complete 3a, b, or c for the alternative test relied upon   |              |              |               |              |                |
| a "Assets" alternative test - enter   |              |              |               |              |                |
| (1) Value of all assets . . . . .   | 29,737,574.  | 30,996,799.  | 45,968,256.   | 51,392,697.  | 158,095,326.   |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |              |              |               |              |                |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |              |              |               |              |                |
| c "Support" alternative test - enter  |              |              |               |              |                |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |              |              |               |              |                |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |              |              |               |              |                |
| (3) Largest amount of support from an exempt organization . . . . .   |              |              |               |              |                |
| (4) Gross investment income . . . . .   |              |              |               |              |                |

**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) )

NONE

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

NONE

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

ATCH 3

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

ATTACHMENT 5

c Any submission deadlines

ATTACHMENT 5

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

ATTACHMENT 5

**Part XV** Supplementary Information *(continued)*

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

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount       |
|--|--|--------------------------------------|-------------------------------------|--------------|
| <p><b>a</b> Paid during the year</p> <p>ATCH 4</p> |  |                                      |                                     |              |
| <b>Total</b> . . . . . ▶ <b>3a</b>                 |  |                                      |                                     | 375,952,474. |
| <p><b>b</b> Approved for future payment</p>        |  |                                      |                                     |              |
| <b>Total</b> . . . . . ▶ <b>3b</b>                 |  |                                      |                                     |              |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.



**Schedule B**

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

**Schedule of Contributors**

OMB No 1545-0047

**2016**

▶ 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**

GLAXOSMITHKLINE PATIENT ACCESS  
PROGRAMS FOUNDATION

**Employer identification number**

20-0031992

**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, 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 GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION Employer identification number \_\_\_\_\_

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | GLAXOSMITHKLINE LLC F.K.A. SMITHKLINE<br>5 CRESCENT DRIVE, NY0200<br>PHILADELPHIA, PA 19112  | \$ 321,712,528.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions) |
| 2          | VIIV HEALTHCARE COMPANY<br>5 MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709                 | \$ 51,380,587.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions) |
| 3          | GLAXOSMITHINE SL HOLDINGS, INC. & SUBS<br>5 CRESCENT DRIVE, NY0200<br>PHILADELPHIA, PA 19112 | \$ 2,859,359.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions) |
| 4          | GLAXOSMITHKLINE LLC F.K.A. SMITHKLINE<br>5 CRESCENT DRIVE, NY0200<br>PHILADELPHIA, PA 19112  | \$ 12,828,777.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
| 5          | VIIV HEALTHCARE COMPANY<br>5 MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709                 | \$ 1,340,451.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                       |

|   |                                       |
|---|---------------------------------------|
| <b>Name of organization</b> GLAXOSMITHKLINE PATIENT ACCESS<br>PROGRAMS FOUNDATION | <b>Employer identification number</b> |
|---|---------------------------------------|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|---|--|----------------------|
| 1                         | GLAXOSMITHKLINE PRESCRIPTION MEDICINES<br>_____<br>_____<br>_____ | \$ 321,712,528.                                | VAR                  |
| 2                         | GLAXOSMITHKLINE PRESCRIPTION MEDICINES<br>_____<br>_____<br>_____ | \$ 51,380,587.                                 | VAR                  |
| 3                         | GLAXOSMITHKLINE PRESCRIPTION MEDICINES<br>_____<br>_____<br>_____ | \$ 2,859,359.                                  | VAR                  |
|                           | _____<br>_____<br>_____<br>_____                                  | \$ _____                                       | _____                |
|                           | _____<br>_____<br>_____<br>_____                                  | \$ _____                                       | _____                |
|                           | _____<br>_____<br>_____<br>_____                                  | \$ _____                                       | _____                |



Name of organization **GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION**

Employer identification number

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

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

| <u>DESCRIPTION</u>                   | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------------------------|---|--------------------------------|
| ADMIN & OTHER OPERATING EXP. GSK LLC | 12,828,777.                                       | 12,828,777.                    |
| ADMIN & OTHER OPERATING EXP. VIVV    | 1,340,451.  | 1,340,451.                     |
| TOTALS                               | <u>14,169,228.</u>                                | <u>14,169,228.</u>             |

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 2

| <u>NAME AND ADDRESS</u>   | <u>TITLE AND AVERAGE HOURS PER<br/>WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|---|---|---------------------|--|--|
| TANISHA CARINO<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709    | PRESIDENT/ DIRECTOR<br>4.00                                     | 0.                  | 0.   | 0.   |
| VENEL BROWN<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709       | SECRETARY/ OFFICER<br>4.00                                      | 0.                  | 0.   | 0.   |
| EMILY GIBB BEAMER<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709 | EXECUTIVE DIRECTOR<br>4.00                                      | 0.                  | 0.   | 0.   |
| JENNI LIGDAY<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709      | VP & TREASURER/ DIRECTOR<br>4.00                                | 0.                  | 0.   | 0.   |
| NORMAN J. VOJIR<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709   | ASSISTANT TREASURER<br>4.00                                     | 0.                  | 0.   | 0.   |
| KEN RUSSELL<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709       | SECRETARY/ DIRECTOR<br>4.00                                     | 0.                  | 0.   | 0.   |
| GRAND TOTALS  |   | 0.                  | 0.   | 0.   |

ATTACHMENT 3

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

PLEASE SEE ATTACHMENT 5

FORM 990-PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT A

| RECIPIENT NAME AND ADDRESS  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION  | AMOUNT      |
|---|--|-----------------------------------|-------------|
| GSK TO ACCESS/BRIDGES TO ACCESS<br>P O BOX 52046<br>PHOENIX, AZ 85072-2046            | NONE<br>I  | FOR THE CARE OF THE ILL AND NEEDY | 369,780,569 |
| IMMUNOLOGY ASSISTANCE PROGRAM<br>FIVE MOORE DRIVE<br>RESEARCH TRIANGLE PARK, NC 27709 | NONE<br>I  | FOR THE CARE OF THE ILL AND NEEDY | 6,029,764   |
| GSK VACCINES ACCESS PROGRAM<br>P O BOX 18428<br>LOUISVILLE, KY 40218                  | NONE<br>I  | FOR THE CARE OF THE ILL AND NEEDY | 142,141     |

TOTAL CONTRIBUTIONS PAID 375,952,474

GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION  
EIN 20-0031992  
CALENDAR YEAR 2016

FORM 990PF, PART XV - SUPPLEMENTAL INFORMATION - LINES 2B-2D

THE PURPOSE OF THE GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION (EIN 20-0031992) ("FOUNDATION") IS TO BENEFIT THE ILL AND THE NEEDY BY MAKING PHARMACEUTICAL PRODUCTS AVAILABLE TO INDIGENT PATIENTS. TO THAT END, THE FOUNDATION DIRECTS AND PARTICIPATES IN PATIENT ASSISTANCE PROGRAMS. THE FOUNDATION DOES NOT MAKE CONTRIBUTIONS TO INDIVIDUALS. CONTRIBUTIONS TO PROGRAMS ARE IN THE FORM OF PHARMACEUTICAL PRODUCTS.

GSK ACCESS AND BRIDGES TO ACCESS

GSK ACCESS

GSK ACCESS IS A FREE PROGRAM THAT PROVIDES GSK PRESCRIPTION MEDICINES AT NO CHARGE, TO QUALIFIED PATIENTS WHO ARE ENROLLED IN A MEDICARE PART D PRESCRIPTION DRUG PLAN AND NEED HELP PAYING FOR TREATMENT. THERE ARE NO COSTS FOR ELIGIBLE ENROLLEES. PATIENTS CAN APPLY DIRECTLY TO GSK ACCESS; ADVOCATES ARE NOT REQUIRED FOR ENROLLMENT. THIS PROGRAM DOES NOT CONSTITUTE HEALTH INSURANCE.

A COMPLETE, SIGNED AND DATED APPLICATION, ALONG WITH A COPY OF THE APPLICANTS MEDICARE PART D PRESCRIPTION PLAN ID CARD, PROOF OF PRESCRIPTION EXPENSES AND INCOME, AND ORIGINAL SIGNED PRESCRIPTION(S) FOR THE APPLICANT'S GSK MEDICINE(S), MUST BE SUBMITTED VIA MAIL OR FAX TO:

GSK ACCESS  
PO BOX 52046  
PHOENIX, AZ 85072-2046  
FAX NUMBER: 1-866-518-3994

TO QUALIFY FOR GSK ACCESS, PATIENTS MUST BE ENROLLED IN A MEDICARE PART D PRESCRIPTION DRUG PLAN; HAVE SPENT AT LEAST \$600 ON PRESCRIPTION MEDICINES THROUGH THEIR MEDICARE PART D PRESCRIPTION DRUG PLAN DURING THIS CALENDAR YEAR; LIVE IN ONE OF THE 50 STATES, DISTRICT OF COLUMBIA OR PUERTO RICO, AND MEET CERTAIN TOTAL MONTHLY HOUSEHOLD INCOME CRITERIA.

ADDITIONAL DETAILED PROGRAM AND CONTACT INFORMATION CAN BE FOUND ON THE PROGRAM'S WEBSITE: [HTTP://GSK-ACCESS.COM/INDEX.HTML](http://GSK-ACCESS.COM/INDEX.HTML)

BRIDGES TO ACCESS

BRIDGES TO ACCESS OFFERS GSK MEDICINES TO ELIGIBLE PATIENTS AT NO COST. PATIENTS CAN APPLY DIRECTLY TO BRIDGES TO ACCESS; ADVOCATES ARE NOT REQUIRED FOR ENROLLMENT UNLESS THE PATIENT NEEDS A PRESCRIPTION FILLED THAT SAME DAY. THIS PROGRAM DOES NOT CONSTITUTE HEALTH INSURANCE.

THERE ARE TWO WAYS FOR PATIENTS TO ENROLL IN BRIDGES TO ACCESS - EITHER DIRECTLY BY THE PATIENT BY FAX OR MAIL, OR BY AN ADVOCATE FOR THOSE PATIENTS REQUIRING MEDICINE BEFORE RECEIVING MAIL ORDER SHIPMENTS. A COMPLETE, SIGNED AND DATED APPLICATION, ALONG WITH PROOF OF INCOME, SIGNED ORIGINAL PRESCRIPTION(S) FOR THE APPLICANT'S GSK MEDICINE(S), AND A COPY OF THE

GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION  
EIN 20-0031992  
CALENDAR YEAR 2016

FORM 990PF, PART XV - SUPPLEMENTAL INFORMATION - LINES 2B-2D (CONT.)

APPLICANTS MEDICARE PART D PRESCRIPTION PLAN ID CARD AND PROOF THAT \$600 OUT-OF-POCKET ON PRESCRIPTION MEDICATIONS WERE PAID FOR MEDICARE PART D APPLICANTS, MUST BE SUBMITTED VIA MAIL OR FAX TO:

BRIDGES TO ACCESS  
PO BOX 29038  
PHOENIX, AZ 85038-9038  
FAX: 1.855.474.3063

ADDITIONAL DETAILED PROGRAM AND CONTACT INFORMATION CAN BE FOUND ON THE PROGRAM'S WEBSITE: [HTTP://WWW.BRIDGESTOACCESS.COM/INDEX.HTML](http://www.bridgestoaccess.com/index.html)

IMMUNOLOGY ASSISTANCE PROGRAM

IMMUNOLOGY ASSISTANCE PROGRAM PROVIDES GSK PRESCRIPTION MEDICINE - BENLYSTA, USED TO TREAT ADULTS WITH ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS WHO ARE RECEIVING OTHER LUPUS MEDICINES - TO QUALIFIED PATIENTS WHO ARE ENROLLED IN THE PROGRAM. THIS PROGRAM DOES NOT CONSTITUTE HEALTH INSURANCE.

UNINSURED PATIENTS WHO MEET CERTAIN ELIGIBILITY REQUIREMENTS, SHOULD CALL FOR MORE INFORMATION AND TO ENROLL IN THE PROGRAM:

BENLYSTA GATEWAY  
1-877-4-BENLYSTA  
(1-877-423-6597)

ADDITIONAL DETAILED PROGRAM AND CONTACT INFORMATION CAN BE FOUND ON THE PROGRAM'S WEBSITE: [HTTP://WWW.GSKFORYOU.COM/PATIENT-ASSISTANCE-PROGRAMS/IMMUNOLOGY-ASSISTANCE-PROGRAMS HTML](http://www.gskforyou.com/patient-assistance-programs/immunology-assistance-programs.html) AND <http://www.benlysta.com/financial/index.html>

GSK VACCINES ACCESS

GSK VACCINES ACCESS PROGRAM PROVIDES CERTAIN GSK VACCINES TO QUALIFIED ADULT APPLICANTS. THE PROGRAM DOES NOT CONSTITUTE HEALTH INSURANCE.

PATIENTS MUST BE ENROLLED BY PRESCRIBERS, WHO MUST REGISTER FOR THE PROGRAM PRIOR TO ENROLLING PATIENTS. UPON REGISTERING, PRESCRIBERS MUST FAX THE COMPLETED AND SIGNED PATIENT APPLICATION ALONG WITH THE APPLICANT'S INCOME DOCUMENTATION TO 1-877-822-1555. ONCE APPROVED, THE APPLICANT WILL BE ELIGIBLE TO RECEIVE VACCINE FOR UP TO ONE YEAR. ONCE ENROLLED, THE PATIENT CAN RECEIVE SUBSEQUENT DOSES OF VACCINE BY HAVING THE PRESCRIBER COMPLETE THE DOSE AUTHORIZATION REQUEST FORM.

TO QUALIFY FOR GSK ACCESS, PATIENTS MUST BE AN ADULT, AGE 19 OR OLDER, OR A FEMALE BETWEEN 19 AND 25 FOR CERVARIX MEDICINE, LIVES IN ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA; HAS NO HEALTH INSURANCE FOR VACCINES; AND HAS AN

GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION  
EIN 20-0031992  
CALENDAR YEAR 2016

FORM 990PF, PART XV - SUPPLEMENTAL INFORMATION - LINES 2B-2D (CONT.)

ANNUAL HOUSEHOLD INCOME LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY  
LEVEL, ADJUSTED BY HOUSEHOLD SIZE.

ADDITIONAL DETAILED PROGRAM AND CONTACT INFORMATION CAN BE FOUND ON THE  
PROGRAM'S WEBSITE: [HTTP://WWW.GSK-VAP.COM/PATIENT-ELIGIBILITY.HTML](http://www.gsk-vap.com/patient-eligibility.html)