

C&E 950 Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

OMB No 1545-0052

2017

Open to Public Inspection

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. Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning, 2017, and ending, 20

Name of foundation GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION

A Employer identification number 20-0031992

Number and street (or P O box number if mail is not delivered to street address)

B Telephone number (see instructions)

5 CRESCENT DRIVE, NY0200

(215) 751-3684

City or town, state or province, country, and ZIP or foreign postal code

C If exemption application is pending, check here

PHILADELPHIA, PA 19112

D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation

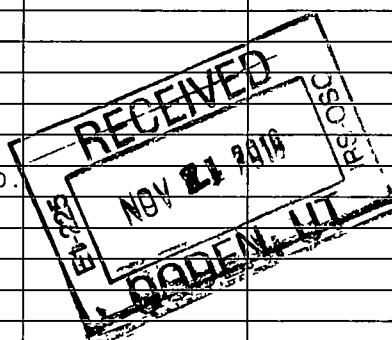
G Check all that apply Initial return Final return Address change Initial return of a former public charity Amended return Name change

H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) Accounting method Cash Accrual Other (specify)

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only)

Main table for Part I Analysis of Revenue and Expenses with rows 1-27 and columns (a)-(d)



Operating and Administrative Expenses

03/03

6

03

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	29,737,574.	30,504,346.	30,504,346.
	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	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	29,737,574.	30,504,346.	30,504,346.	
Liabilities	17	Accounts payable and accrued expenses	29,737,574.	30,504,346.	
	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	Total liabilities (add lines 17 through 22)	29,737,574.	30,504,346.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>				
	and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
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	Total net assets or fund balances (see instructions)	0.	0.		
31	Total liabilities and net assets/fund balances (see instructions)	29,737,574.	30,504,346.		

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 0.
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	Total net assets or fund balances at end of year (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 property sold, including FMV, adjusted basis, and capital gain/loss calculations.

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

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

Table with columns (a) through (d) for calculating the average distribution ratio for reduced tax on net investment income.

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 categories like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', 'Tax under section 511', 'Credits/Payments', and 'Total credits and payments'.

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 'Did the foundation file Form 1120-POL for this year?'.

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X	
14 The books are in care of ▶ GLAXOSMITHKLINE Telephone no ▶ 215-751-4000 Located at ▶ 5 CRESCENT DRIVE, NY0200 PHILADELPHIA, PA ZIP+4 ▶ 19112		
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 N/A		
16 At any time during calendar year 2017, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶		X

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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly) <ul style="list-style-type: none"> (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 		
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 Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>	1b	N/A
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 2017?	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)) <ul style="list-style-type: none"> a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____ 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) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ _____, _____, _____ 	2b	X
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 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 2017)	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 2017?	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... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 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. 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? 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b 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	422,194,824
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	
Total. Add lines 1 through 3 ▶	

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

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

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	2a	
b	Income tax for 2017 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	439,677,816.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	439,677,816.
5	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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	439,677,816.

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years 20 15 , 20 14 , 20 13				
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$				
a Applied to 2016, 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 2017 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (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 2016 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
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 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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 2017, 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) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	1				1
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	439,677,816.	390,121,702.	400,020,917.	577,857,462.	1,807,677,897.
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	439,677,816.	390,121,702.	400,020,917.	577,857,462.	1,807,677,897.
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets.	30,504,346.	29,737,574.	30,996,799.	45,968,256.	137,206,975.
(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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email 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

N/A

c Any submission deadlines

N/A

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

N/A

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
<p>a Paid during the year</p> <p>ATCH 4</p>				
Total ▶ 3a				422,194,825.
b Approved for future payment				
Total ▶ 3b				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total.

13 Total Add line 12, columns (b), (d), and (e) 13 (See worksheet in line 13 instructions to verify calculations)

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

Table with 2 columns: Line No, 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 (other than by providing funds for such purposes) (See instructions)

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) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
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. Row 1 contains 'N/A' for amount and description.

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

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All rows are empty.

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

11-15-2018 Date

Treasurer Title

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

Paid Preparer Use Only section containing fields for Preparer's name (KAY THIES), Date (11-14-2018), Firm's name (KPMG LLP), Firm's address (1601 MARKET STREET PHILADELPHIA, PA), Firm's EIN (13-5565207), and Phone no (267-256-7000).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

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 20-0031992
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GLAXOSMITHKLINE LLC F.K.A. SMITHKLINE 5 CRESCENT DRIVE, NY0200 PHILADELPHIA, PA 19112	\$ 353,607,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	VIIIV HEALTHCARE COMPANY 5 MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	\$ 65,266,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	GLAXOSMITHINE SL HOLDINGS, INC. & SUBS 5 CRESCENT DRIVE, NY0200 PHILADELPHIA, PA 19112	\$ 3,320,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
4	GLAXOSMITHKLINE LLC F.K.A. SMITHKLINE 5 CRESCENT DRIVE, NY0200 PHILADELPHIA, PA 19112	\$ 15,046,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	VIIIV HEALTHCARE COMPANY 5 MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	\$ 2,436,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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

Employer identification number
20-0031992

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
1	GLAXOSMITHKLINE PRESCRIPTION MEDICINES _____ _____ _____	\$ 353,607,648.	VAR
2	GLAXOSMITHKLINE PRESCRIPTION MEDICINES _____ _____ _____	\$ 65,266,743.	VAR
3	GLAXOSMITHKLINE PRESCRIPTION MEDICINES _____ _____ _____	\$ 3,320,434.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Employer identification number
20-0031992

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 AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
ADMIN & OTHER OPERATING EXP. GSK LLC	15,046,945.	15,046,945.
ADMIN & OTHER OPERATING EXP. VIIIV	2,436,046.	2,436,046.
TOTALS	<u><u>17,482,991.</u></u>	<u><u>17,482,991.</u></u>

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

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

ATTACHMENT 3

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

PLEASE SEE ATTACHMENT 5

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

ATTACHMENT 4

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GSK TO ACCESS/BRIDGES TO ACCESS P O BOX 52046 PHOENIX, AZ 85072-2046	NONE I	FOR THE CARE OF THE ILL AND NEEDY	413,629,833
IMMUNOLOGY ASSISTANCE PROGRAM FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	NONE I	FOR THE CARE OF THE ILL AND NEEDY	8,564,992
TOTAL CONTRIBUTIONS PAID			<u>422,194,825</u>

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 2017

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 2017

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)