Form, 990-PF

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

2018 Inspection

e Treasury Service	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	Open to Public I

		nent of the Treasury Revenue Service					curity numbers o m990PF for insti		-	-	1	Open to Public Insp	ection
_		lendar year 2018	or t			<u></u>			, and endin				20
				SMITHKLI		IENT	ACCESS	, 2010	, 011011		Employer ider	ntification number	
F	RO	GRAMS FOUNDA								ŀ	20-00319	992	
_		and street (or P O bo			ot delivered t	to street a	address)		Room/suite	1		mber (see instructions)	•
							,				•	,	
¢		RESCENT DRIV	Ē.	ихозоо							(215)	751-3684	
		own, state or province			foreign post	al code	<u> </u>			\dashv	(213)	731 3001	
·,	٠	omi, otato oi protinto		,,						- 1		olication is	
r	шт	LADELPHIA, P	א 1	0112							pending, check i	nere	
_							I lastini antiinn		المحاطم حياطين				
G	one	eck all that apply		Initial ret	•	-	Initial return		Dublic Charl	,		nizations, check here	
			-	Final retu		-	Amended re			ĺ		nizations meeting the ck here and attach	
			ᆜ_	Address			Name chang				computation		
H_	_	eck type of organi							0.7	\ E	If private found	ation status was terminated	
Ь.		Section 4947(a)(1) r					Other taxable pr			4	under section 50	07(b)(1)(A), check here .	▶ []
		market value o				_	method C	ash 🔼 Acc	crual	F	If the foundation	n is in a 60-month terminati	on
		of year (from Pa			1	•	pecify)				under section 50	7(b)(1)(B), check here	▶ ∐
	_			,745.		т	(d) must be on ca	ash basis)		L			
Pa	ırt	Analysis of Rev				(a)	Revenue and	(b) Net inv	estment	/a\	Adjusted net	(d) Disbursem for charitab	
		total of amounts i may not necessar				e	xpenses per	incon		(6)	income	purposes	•
		column (a) (see in				ļ	books					(cash basis o	nly)
	1	Contributions, gifts, gran				42	28,353,112.						
	2			ndation is not re									
ı	3	Interest on savings a											
-]	4	Dividends and inte		-								1	j
ļ	5 a						-						
1		Net rental income or				_			1				
a		Net gain or (loss) fro				t						-	1
ᇍ	b	Gross sales price for a	34.0	2 01 233013 1101 0	AT 1111C 10		mature ba	1 to make	Supplier :	ii Ibaa	ייייייי מינונונג, מי	The state of the s	քրասությ ՝
Revenue	7	assets on line ha Capital gain net in	ome	/from Part IV	/ line 2\	†	manage - was		0.				 i
8				•		<u> </u>	·			_			
	8	Net short-term cap	_			 ` 							
1	0a	Income modification Gross sales less return	s				-			Е	RECE	WED to	
		and allowances				6 47.47	and we have the	18999-Lin		a v.	-	4	Major I
		Less Cost of goods re					Juliu mag word, ,	1000 1000	*5 o a man 'un			T 101	1
١.		Gross profit or (los								16	 NOV(2	9 6013 111-1	
	1	Other income (atta				_ ^ ^	28,353,112.		0.	14		8	
_	2	Total Add lines 1					0.			+	200		
ا س	3	Compensation of offi	ers, o	directors, trustee	es, etc						OGDE		
201	4	Other employee sa	larie	s and wages							_		
<u>ا اح</u>	5	Other employee sa Pension plans, em Legal fees (attach Accounting fees (a Other professional Interest Taxes (attach sche Depreciation (attach Occupancy Travel conference	ploye	e benefits .		 		 				_	
ភា។	6 a	Legal fees (attach	che	dule)				 					
e	b	Accounting fees (a	ttach	n schedule) .		ļ	_						
<u>.</u>	C	Other professional	fees	(attach sched	dule)	<u> </u>	-					-	
<u>E</u> 1	7	Interest						 				_	
<u>اع</u> .	8	Taxes (attach sche	dule)	(see instructi	ions)	<u> </u>							 ;
힏	9	Depreçiation (atta	h sc	thedule) and o	depletion.	ļ							
힑	0	Occupancy											
귤	1	TraveZconference	s, an	d meetings .				<u> </u>					
and 2	2	Printing and public	atıor	ns									
덛	3	Other expenses (a	tach	schedule) AT	CH.1.	<u> </u>	17,896,176.					17,896	<u>,176.</u>
튒	4	Total óperating a	d ac	Iministrative	expenses.								
Derating		Add lines 13 throu			-		17,896,176.					17,896	
ဝီျ	5	Contributions, gift	_			_	10,456,936.					410,456	
- 1	6	Total expenses and dist				42	28,353,112.					428,353	,112.
_	7	Subtractine 26 fr			<u>·</u>			`					
٦	a				bursements		0.						
- [Net investment in		₹					0.			 	
-		Adjusted net inco		•					- +		· · · · · · · · · · · · · · · · · · ·	 	 i '

JSA For Paperwork Reduction Act Notice, see instructions. 8E1410 1 000 9009BS 1301

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	5 m	l' Balanca Chasta	Attached schedules and amounts in the	Beginning of year	End	of year
Ľ	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	` 1	Cash - non-interest-beari	ng			,
	2		cash investments			
		Accounts receivable ▶				
		Less allowance for doul	btful accounts ▶	_		
	4	Pledges receivable				
		_	btful accounts ▶			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (att	tach schedule) (see instructions)			
	7	·	eceivable (attach schedule)			
		Less allowance for dou	btful accounts ▶			
ध	8		e	30,504,346.	34,204,745.	34,204,745.
Assets	9		eferred charges			
As	10 a		e government obligations (attach schedule)			
			stock (attach schedule)			
		•	bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	▶			
		Less accumulated deprecia	ation >			
	12	(attach schedule)	loans			
			ach schedule)			
	14	Land, buildings, and equipment basis	•			
		Less accumulated deprecia (attach schedule)	ution >			
	15	Other assets (describe	·)			
	16		completed by all filers - see the			
			age 1, item I)			
	17	Accounts payable and a	accrued expenses	30,504,346.	34,204,745.	
	18	, ,				
S	19	, -				
Liabilities	20		ors, trustees, and other disqualified persons			
ğ	21	•	otes payable (attach schedule)			
Ë	22	Other liabilities (describe	· · · · · · · · · · · · · · · · · · ·			
	23	Total liabilities (add line	es 17 through 22)	30,504,346.	34,204,745.	
		Foundations that follow	w SFAS 117, check here ▶			
alances		and complete lines 24	through 26, and lines 30 and 31			
5	24	Unrestricted				
<u>a</u>	25					
8	26	Permanently restricted .				
Assets or Fund B		Foundations that do no	ot follow SFAS 117, check here ▶ 🔀			
Ē		and complete lines 27	through 31			
0	27	Capital stock, trust prin-	cipal, or current funds	,	_	\$336,338,338
ets	28	Paid-in or capital surplus, or	r land, bldg , and equipment fund			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SS	29	Retained earnings, accumi	ulated income, endowment, or other funds			
Ā	30	Total net assets or fund	d balances (see instructions)	0.	0.	· (25.55.55.55.55.55.55.55.55.55.55.55.55.5
Ž	30 31	Total liabilities and	net assets/fund balances (see			
		instructions)	<u> </u>	30,504,346.	34,204,745.	
Part III Analysis of Changes in Net Assets or Fund Balar 1 Total net assets or fund balances at beginning of year - Part III			nges in Net Assets or Fund Bala	ances		T
						_
end-of-year figure rep			ed on prior year's return)			0
			, line 27a			0
3	Oth	er increases not inclu	ded in line 2 (itemize) ▶			
			,		4	0
5	Dec	creases not included ii	n line 2 (itemize) ▶	<u> </u>		ļ <u></u>
e	Tot	al net assets or fund b	palances at end of year (line 4 minu	s line 5) - Part II, column	(b), line 30 6	0

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Par		and Losses for Tax on Inv		(b) How		
•		scribe the kind(s) of property sold (for rick warehouse, or common stock, 200		acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, уг)
1 a						
b						
<u>C</u>						
d	_ 			ļ		
e			(100-10-11-11-11-11-11-11-11-11-11-11-11-			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
_ <u>a</u>	 -			 		
<u>b</u>		- 				
d	· -				_	
e					_	
	Complete only for assets s	howing gain in column (h) and owner	d by the foundation on 12/31/69	(0)	Gains (Col (h) ga	ain minus
	ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
- а						
b						
C						
d						·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
е						
2	Capital gain net income		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital q	ain or (loss) as defined in section	•			
•			structions If (loss), enter -0- in			
		<u> </u>		3		
Par		Jnder Section 4940(e) for Re	educed Tax on Net Investment	ncome		
Was		the section 4942 tax on the distri	butable amount of any year in the b	oase perio	d?] Yes 🔲 No
If "Ye		n't qualify under section 4940(e)				
1		mount in each column for each ye	ear, see the instructions before mak	ing any er	ntries (d)	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2017				•	
	2016					
	2015					<u> </u>
	2014			ļ		
	2013		<u> </u>	<u> </u>	_	
2				2		
3			ide the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existence	e if less than 5 years	3		
4	Enter the net value of n	oncharitable-use assets for 2018	from Part X, line 5	4		
_	Maritimber has 4 beckers 0			5		
5						
6	Enter 1% of net investm	nent income (1% of Part I, line 27b))	6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributed in the second s	tions from Part XII, line 4 greater than line 7, check the bo	ox in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

Par	t VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	0:
	here ▶ ☐ and enter 1% of Part I, line 27b	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	•
3	Add lines 1 and 2	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0	0.
6	Credits/Payments Credits/Payments	
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a	
b	Exempt foreign organizations - tax withheld at source	
c	Tax paid with application for extension of time to file (Form 8868) 6c	
d	Backup withholding erroneously withheld	
7	Total credits and payments Add lines 6a through 6d	0.
8	Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11	•
Par	t VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	XXX Yes No
	participate or intervene in any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
-	instructions for the definition	1b X
	If the answer-is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	
	published or distributed by the foundation in connection with the activities	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers > \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1 1 1/1
	conflict with the state law remain in the governing instrument?	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	· 7 X
,8a	Enter the states to which the foundation reports or with which it is registered. See instructions	
_	W. H. J. J. 7 Lea the femaletes formated a series of Ferm 000 DF to the Attention Control	- 🚟 🚟
b		8b X
_	(or designate) of each state as required by General Instruction G2 If "No," attach explanation ATCH 2	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	2242448 \$55555222 \$2855552
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"	9 X
-	complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10 X
	names and addresses	Form 990-PF (2018)

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Par	t VII-A Statements Regarding Activities (continued)	T	\/	NI.
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			v
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12	ļ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X_	
	Website address ► N/A	400		
14	The books are in care of ► GLAXOSMITHKLINE Telephone no ► 215-751-	-4000	0	
	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		/ A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Voo	N.
	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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disquamied person			
	(3) Furnish goods, services, or racinities to (or accept them from) a disquanted person?			
	(4) Fay compensation to, or pay of remindred the expenses of, a disquarmed 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)?			
	the solicities and displacement process, i.			
	(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, interminating within 30 days)			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	N	/A
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		1
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2018?	1c		
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	٠.٠		1
2				i [
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		1	
a	6e, Part XIII) for tax year(s) beginning before 2018?			
h	If "Yes," list the years ▶,,,,,,			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			Ī
·	• — , — , — , — , — , — , — , — , — , —			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year?			
b	of "Yes," did it have excess business holdings in 2018 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 2018)	3b	N/	Α
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			Ш
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	<u> </u>	X
		m 99	0-PF	(2018)

Pa	rt VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)	
 5а	During the	e year, did the foundation pay or incur any amo	ount to			Yes No
٠.	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (sectio	on 4945(e))?	. Yes X No	·
		nce the outcome of any specific public ele				
		y or indirectly, any voter registration drive?				·
		e a grant to an individual for travel, study, or c				,
		e a grant to an organization other than a				
	• •	·				.
		n 4945(d)(4)(A)? See instructions				´ ::::: :::::
		e for any purpose other than religious, ch			1 11	
		ses, or for the prevention of cruelty to children				155566(X1368660C19660000
b	-	swer is "Yes" to 5a(1)-(5), did any of the			1	max1/x
	Regulation	is section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.		. 5b N/A
	-	ons relying on a current notice regarding disa				
С	If the ans	swer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax	
	because it	maintained expenditure responsibility for the	grant?		. Yes No	
	If "Yes," a	ttach the statement required by Regulations s	ection 53 4945-5(d)			
6a	Did the fo	oundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiur	ms	
		nal benefit contract?				
b		undation, during the year, pay premiums, dire				. 6b X
_	•	6b, file Form 8870	•	•		2022 2022
7a		e during the tax year, was the foundation a p	arty to a prohibited ta:	x shelter transaction?	Yes X No	
, a h		id the foundation receive any proceeds or ha				7b N/A
		ndation subject to the section 4960 tax on pa				
8		tion or excess parachute payment(s) during the			Yes X No	
'n-		Information About Officers, Directo	rs Trustees Fou	Indation Manager		10000010000110001
Pa		and Contractors	•	_		
1	List all of	ficers, directors, trustees, and foundat	ion managers and			. ,
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	 (e) Expense account, other allowances
			devoted to position	enter -0-)	and deferred compensation	Ottor anomanous
T. (7)					ا م	^
ATC	н 3			0.	0.	0.
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		·	,			
			i i			
	•					
			·			•
						1
2	Compens	ation of five highest-paid employees	(other than thos	se included on lin	e 1 - see instructi	ons). If none, enter
	"NONE."	1-1-	T	Γ.	(d) Contributions to	
12	Name and a	ddress of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	`employee benefit	(e) Expense account,
(a	, ivallie allu a	duress of each employee paid more than 400,000	devoted to position	(5) 55	plans and deferred compensation	other allowances
				,		-
	NONE					•
	*			,		
			, .			
]	
			_			· · · · · · · · · · · · · · · · · · ·
]		
			-			
					i l	
_						
Tota	ıl number c	of other employees paid over \$50,000			.	Form 990-PF (2018)

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GLAXOSMITHKLINE PATIENT ACCESS 20-0031992 Form 990-PF (2018) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc PLEASE SEE ATTACHMENT 4 AND 5 FOR PROGRAM LISTING 410,456,936. Summary of Program-Related Investments (see instructions)

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

All other program-related investments See instructions

NONE

All other program-related investments See instructions

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Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn fo	oundations,
1	Fair n	arket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_		ge monthly fair market value of securities	1a	
b		ge of monthly cash balances	1b	
		arket value of all other assets (see instructions)	1c	
d		add lines 1a, b, and c)	1d	0.
e	Reduc	tion claimed for blockage or other factors reported on lines 1a and		-
·		ach detailed explanation)		
2	Acaus	ation indebtedness applicable to line 1 assets	2	
3		act line 2 from line 1d.	3	
4		deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
•		tions)	4	
5		ilue of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6		um investment return. Enter 5% of line 5	6	0.
_	t XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here $\blacktriangleright X$ and do not complete this part)	ndatio	ns
1		um investment return from Part X, line 6	1	
2 a		investment income for 2018 from Part VI, line 5 2a		
b	Incom	e tax for 2018 (This does not include the tax from Part VI). 2b		
c		nes 2a and 2b	2c	
3		utable amount before adjustments Subtract line 2c from line 1	3	
4		eries of amounts treated as qualifying distributions	4	
5		nes 3 and 4	5	
6	Deduc	tion from distributable amount (see instructions)	6	
7		outable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ñ	
Pai	t XII	Qualifying Distributions (see instructions)		
1		nts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Exper	ses, contributions, gifts, etc total from Part I, column (d), line 26	1a	428,353,112.
b		am-related investments - total from Part IX-B	1b	
2	Amou	nts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		İ
	purpo	ses	2	
3	Amou	nts set aside for specific charitable projects that satisfy the		
а	Suitab	ılıty test (prior IRS approval required)	3a	
b		distribution test (attach the required schedule)	3b	
4		ing distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	428,353,112.
5		ations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		1% of Part I, line 27b See instructions	5	0.
6	Adjus	ted qualifying distributions Subtract line 5 from line 4	6	428,353,112.
	Note.	The amount on line 6 will be used in Part V, column (b), in subsequent years when caqualifies for the section 4940(e) reduction of tax in those years	alcula	ting whether the foundation
		7		T 000 DE (54.4)

Form 990-PF (2018)				Page 9
Pårt XIII Undistributed Income (see insti	ructions)			
	(a)	(b)	. (c)	(d)
1 Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017.	, 2017	2018
line 7				. 0.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only	800000000000000000000000000000000000000	£2222	RIGER AND REAL PROPERTY OF THE	<u> </u>
b Total for pnor years 20 16 ,20 15 ,20 14	QUUNTUU QUUNTU AND LANDA AND AND AND AND AND AND AND AND AND	ACC. A STORY OF THE STORY OF TH		
3 Excess distributions carryover, if any, to 2018				
a From 2013		TELECORE CONTRACTOR CO	Enderson der Gr	
b From 2014		Pagaganto apple basement and an a		1000 0000 0000 0000 000 000 000 000 000
c From 2015				PAGE OF THE RESERVE OF THE STATE OF THE STAT
d From 2016	000000 277 12 3032 20400044 63	Lack manager man analysis if Orbits appealing a 10-80		
e From 2017	0.	325645335.53535456 38 553865536	869883088 <u>388</u> 769888888 869888888	80000000000000000000000000000000000000
f Total of lines 3a through e	8/4000	3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	**************************************	######################################
4 Qualifying distributions for 2018 from Part XII,				
line 4 > \$				
a Applied to 2017, but not more than line 2a	***************************************	200003xx200x0xx000000000000000000000000	///////////////////////////////////////	***************************************
b Applied to undistributed income of prior years (Election required - see instructions)				
,	200000000000000000000000000000000000000	**************************************	And the second	No. 100 (00 (00 (00 (00 (00 (00 (00 (00 (00
c Treated as distributions out of corpus (Election required - see instructions)	<i>'</i>	arananan in Carteria marina 2000 mas	2000010000010000	10
d Applied to 2018 distributable amount				***************************************
e Remaining amount distributed out of corpus	-	///////////////////////////////////////		
5 Excess distributions carryover applied to 2018				
(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:	./	/ 1502 _ 0.10.450/30430024 224-13 E.C/6	300	and a second consequency of the contract of
a Corpus Add lines 3f, 4c; and 4e. Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b			50000000000000000000000000000000000000	60000000000000000000000000000000000000
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	/			
e Undistributed income for 2017 Subtract line			000000000000000000000000000000000000000	**************************************
4a from line 2a Taxable amount -/see				
instructions				
f Undistributed income for 2018 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2019				
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 2013 not				
applied on line 5 or line 7 (see instructions)				800000000000000000000000000000000000000
9 Excess distributions carryover to 2019.	0.			
Subtract lipres 7 and 8 from line 6a	V - 1	39574888888888888888888888888888888888888		000000000000000000000000000000000000000
10 Analysis of line 9				
a Excess from 2014				
b Exoess from 2015				
c Excess from 2016	000000000000000000000000000000000000000		TO SECURITY OF THE SECURITY OF	4.3.7.3000000000000000000000000000000000
e Excess from 2017	inggrije og gregoriene i de state	/ Angel (1920)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$2,6666; 20000000000000000000000000000000000
/ E LACESS HOTH 2010	**************************************		~~~~~~~ <u>~~~~~~</u>	Form 990-PF (2018)

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<i>-</i> c.	TLAW Private Op	eraung Foundations	(See Instructions at	iu Fait VII-A, questi	<u> </u>	
1 a	If the foundation has	received a ruling or de	etermination letter that	it is a private opera	iting	
	foundation, and the ruling	_	_		. ,▶[
þ	Check box to indicate v	whether the foundation	is a private operating f	oundation described in	section X 4942	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015	<u> </u>
	return from Part X for each year listed					1
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed	428,353,112.	439,677,816.	390,121,702.	400,020,917	. 1,658,173,547.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line	428,353,112.	439,677,816.	390,121,702.	400 020 017	. 1,658,173,547.
3	2d from line 2c Complete 3a, b, or c for the alternative test relied upon	420,333,112.	455,077,010.	330,121,702.	400,020,917	. 1,030,173,347.
а	'Assets" alternative test - enter (1) Value of all assets	34,204,745.	30,504,346.	29,737,574.	30,996,799	. 125,443,464.
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,					
_	line 6 for each year listed "Support" alternative test - enter					
C	(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					
	(i)(3)(B)(iii)					
	organization (4) Gross investment income .		 :			
Pa	rt XV Supplemen	ntary Information (Curing the year - see		only if the founda	tion had \$5,000	or more in assets at
1	Information Regarding	g Foundation Manager	rs:			
а						eived by the foundation
	before the close of any	tax year (but only if th	ey have contributed m	ore than \$5,000) (Se	e section 507(d)(2))
	NONE					
b	List any managers of ownership of a partner					lly large portion of the
	NONE					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:	_	
		or funds. If the founda	ation makes gifts, gra			and does not accept under other conditions,
а	The name, address, a ATCH 4	nd telephone number	or email address of th	e person to whom app	lications should be a	ddressed
b	The form in which app	lications should be sub	omitted and informatio	n and materials they s	should include	
	N/A	nee				
Ü	Any submission deadli N/A	iica				
d		mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds o	f institutions, or other
	N/A					

Form 990-PF (2018) Page **11** Supplementary Information (continued) 3' Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year ATCH 5 410,456,936. **b** Approved for future payment

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Total

Page	1	2

Form 990-F				_		Page 12
Part XV				Contrate de la		
Enter gros	s amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
	m service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
					-	
e						_
f						
g Fee:	s and contracts from government agencies					
2 Membe	ership dues and assessments					
	on savings and temporary cash investments -					
	nds and interest from securities			 		
	ntal income or (loss) from real estate of-financed property	_				
	debt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than inventory					
9 Net inc	come or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
	evenue a				<u> </u>	
				-		——————————————————————————————————————
				 		
e	al Add columns (b), (d), and (e)			 -		
	Add line 12, columns (b), (d), and (e)				13	
	sheet in line 13 instructions to verify calcu					
Part XV	I-B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Line No. ▼	Explain below how each activity accomplishment of the foundation	•				· •
	-		<u> </u>			
						
		-				
_						
	-					·
				·		
			<u> </u>			-
			<u> </u>			
		-				
						Form 990-PF (2018)

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	990-PF (2 XVII	Information R	egarding Tr	THKLINE PAT			nd Relati	onships \	20-003 With None			ge 13
	ın sec	e organization direct tion 501(c) (other cations?	ly or indirectly								Yes	No
b	(1) Cas (2) Other t (1) Sal (2) Pur (3) Rei (4) Rei (5) Loa (6) Per Sharing	ers from the reporting the content of the content o	ncharitable exe om a noncharita pment, or other ements es s or membersh ent, mailing lisi	mpt organization able exempt orga assets nip or fundraising ts, other assets,	anization					1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6)	-	X X X X X X X
	value o	answer to any of th of the goods, other in any transaction or	assets, or serv	ices given by th	e reporting fo	undatio	n If the fo	undation re	eceived less	than	fair m	arket
	is the	(b) Amount involved N/A N/A foundation directly the direction section 501(c)	or indirectly af		related to, on	N/A	ore tax-exe	mpt organ			ngemer	
		" complete the follo (a) Name of organization	wing schedule		e of organization			_	ption of relations			

D II	"Yes," complete the following sched	ule	<u> </u>
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
			
_			
		examined this return, including accompanying schedules a than taxpayer) is based on all information of which preparer h	and statements, and to the best of my knowledge and belief, it is true
Sign			
_	() Vary	11/14/2019	With the preparer shown below?
Here	Signature of officer or trustee	Date Title	See instructions X Yes No
	Print/Type preparer's name	Prepare('s signature	Date Check If PTIN
Paid	WAY TUTES	W 42 11-2	11-11-2019 self-amployed PO1404047

Form **990-PF** (2018)

Firm's EIN ▶ 13-5565207

Phone no

267-256-7000

JSA

Preparer

Firm's name

▶ KPMG LLP

PHILADELPHIA, PA

Use Only Firm's address ▶ 1601 MARKET STREET

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19103-2499

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

2018

Employer identification number Name of the organization GLAXOSMITHKLINE PATIENT ACCESS 20-0031992 PROGRAMS FOUNDATION Organization type (check one) Section: Filers of:) (enter number) organization 501(c)(Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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

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)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION

Employer identification number 20-0031992

Part I	Contributors (see instructions) Use duplicate copies of	f Part I if additional space is ne	eeded
(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	\$\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VIIV HEALTHCARE COMPANY 5 MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	\$\$ 88,168,647.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	GLAXOSMITHINE HOLDINGS, (AMERICAS) INC 5 CRESCENT DRIVE, NY0200 PHILADELPHIA, PA 19112	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GLAXOSMITHKLINE LLC F.K.A. SMITHKLINE 5 CRESCENT DRIVE, NY0200 PHILADELPHIA, PA 19112	\$\$,378,418.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VIIV HEALTHCARE COMPANY 5 MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (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		
		\$\$19,262,269.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	GLAXOSMITHKLINE PRESCRIPTION MEDICINES		
		\$ \$	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3_	GLAXOSMITHKLINE PRESCRIPTION MEDICINES		
		\$3,026,019.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_{\$}	

Employer identification number

	PROGRAMS FOUNDATION			20-0031992
Pärt III		the year from any	one contributo	r. Complete columns (a) through (e) and
	the following line entry. For organization contributions of \$1,000 or less for the			tal of <i>exclusively</i> religious, charitable, etc.
	Use duplicate copies of Part III if additi			Gee mandending./ F
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	er of gift	
	Transferee's name, address, an	d ZIP + 4	Rela	ationship of transferor to transferee
				<u> </u>
(a) No from	(b) Purpose of gift	(c) Use	of auft	(d) Description of how gift is held
Part I	(b) Furpose or girt	(c) use		(u) bescription of now girt is field
			 -	-
		(e) Transf	er of gift	
	Transferee's name, address, an	d ZIP + 4	Rela	itionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of cuft	(d) Description of how gift is held
Part I	(o) i ui pose oi giit	(0) 036		(a) Description of now girt is field
				_
		(e) Transi	er of gift	
	Transferee's name, address, an	d ZIP + 4	Rela	ationship of transferor to transferee
(a) No from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
				_
		(e) Transi	er of gift	
	Transferee's name, address, an	d ZIP + 4	Rela	ationship of transferor to transferee
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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ATTACHMENT 1

- OTHER EXPENSES PART I FORM 990PF,

DESCRIPTION ADMIN & OTHER OPERATING EXP. GADMIN & OTHER OPERATING EXP. V

EXPENSES
PER BOOKS
15,378,418.
2,517,758.

REVENUE AND

17,896,176.

TOTALS

17,896,176.

CHARITABLE PURPOSES 15,378,418. 2,517,758.

ATTACHMENT 1 PAGE 14

2644064

9009BS 1301

ATTACHMENT 2

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

NO STATE RETURN REQUIRED.

V 18-7.6F 2644064 PAGE 15 9009BS 1301

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20-0031992	ATTACHMENT 3	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER
2018 FORM 990-PF	ICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER
GLAXOSMITHKLINE PATIENT ACCESS	FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
TANISHA CARINO FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	PRESIDENT/ DIRECTOR 4.00	ó	ó	Ö	
MARC MEACHAM FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	DIRECTOR 4.00	Ö	ò	Ö	
EMILY GIBB BEAMER FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	EXECUTIVE DIRECTOR 4.00	Ċ	Ċ	ó	
JENNI LIGDAY FIVE MOORE DRIVE	VP & TREASURER/ DIRECTOR 4.00	.0	·o	·o	

JENNI LIGDAY FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	VP & TREASURER/ DIRECTOR 4.00		O
NORMAN J. VOJIR FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709	ASSISTANT TREASURER 4.00	.0	·o

0.
0
0
GRAND TOTALS

.

0

0

SECRETARY/ DIRECTOR

4.00

KEN RUSSELL FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, NC 27709

0

V 18-7.6F

ATTACHMENT 4

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

PLEASE SEE ATTACHMENT 5

V 18-7.6F 2644064 PAGE 17 9009BS 1301

PAID DURING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE				
FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	RECIPIENT NAME AND ADDRESS	SEE STATEMENT 5				

410,456,936

TOTAL CONTRIBUTIONS PAID

410,456,936

FOR THE CARE OF THE ILL AND NEEDY

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 5

20-0031992

2018 FORM 990-PF

GLAXOSMITHKLINE PATIENT ACCESS

2644064

GLAXOSMITHKLINE PATIENT ACCESS PROGRAMS FOUNDATION EIN 20-0031992 CALENDAR YEAR 2018

ATTACHMENT 5

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

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 2018

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

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 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 2018

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