



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable:  

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
Elizabeth Glaser Pediatric AIDS Foundation

D Employer identification number  
95-4191698

E Telephone number  
(202) 296-9165

G Gross receipts \$ 127,799,247

H(a) Is this a group return for affiliates?

☐ Yes☒ No

H(b) Are all affiliates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) ( 3 ) ☐ (insert no )

☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.pedaids.org

K Form of organization ☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1988

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION IS A GLOBAL LEADER IN THE FIGHT AGAINST PEDIATRIC HIV AND AIDS, WORKING IN 17 COUNTRIES AROUND THE WORLD TO PREVENT AND TREAT HIV INFECTION

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .3 \_\_\_\_\_ 2009

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .4 \_\_\_\_\_ 19

5 Total number of employees (Part V, line 2a) . . . . .5 \_\_\_\_\_ 19

6 Total number of volunteers (estimate if necessary) . . . . .6 \_\_\_\_\_

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

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

Revenue

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

9 Program service revenue (Part VIII, line 2g) . . . . .0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .97,506

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .331,988

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .119,208,772

126,643,224

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .51,232,437

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .29,510,145

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .322,287

506,582

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,004,567

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .36,848,648

46,230,427

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .117,913,517

129,734,541

19 Revenue less expenses Subtract line 18 from line 12 . . . . .1,295,255

-3,091,317

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .30,057,317

31,985,778

21 Total liabilities (Part X, line 26) . . . . .18,950,860

23,978,221

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .11,106,457

8,007,557

Part II Signature Block

Sign Here

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

Signature of officer

2010-08-10

Date

Carlos A Carrazana COO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP  
1101 NEW YORK AVENUE NW  
WASHINGTON, DC 20005

EIN ▶

Phone no ▶ (202) 327-6000

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION IS A WORLDWIDE LEADER IN THE FIGHT AGAINST PEDIATRIC AIDS ITS INNOVATIVE RESEARCH PROGRAMS, COLLABORATIVE TRAINING INITIATIVES, ADVOCACY EFFORTS, AND RAPIDLY EXPANDING INTERNATIONAL PREVENTION AND TREATMENT PROGRAMS ARE BRINGING DRAMATIC CHANGES TO THE LIVES OF CHILDREN WORLDWIDE

2

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

Yes

☒

No

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

3

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

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 109,263,332 including grants of \$ 42,528,560 ) (Revenue \$ )

THE FOUNDATION'S WORK HAS CLOSELY FOLLOWED THE PATH OF THE HIV AND AIDS PANDEMIC TO SUB-SAHARAN AFRICA, CHINA, INDIA, AND ELSEWHERE, RESPONDING TO THE URGENT NEED FOR HIV PREVENTION, CARE, AND TREATMENT SERVICES IN THE REGIONS OF THE WORLD MOST DEEPLY AFFECTED BY HIV AND AIDS WORKING TOGETHER WITH GOVERNMENTS AND PARTNERS, FOUNDATION-SUPPORTED PROGRAMS PROVIDE A FULL RANGE OF CRITICALLY NEEDED HIV-RELATED SERVICES - FROM COUNSELING AND TESTING, TO PREVENTION OF MOTHER-TO-CHILD TRANSMISSION PROGRAMS, TO LIFELONG CARE AND TREATMENT FOR CHILDREN AND FAMILIES

4b

(Code ) (Expenses \$ 3,212,225 including grants of \$ 1,300,000 ) (Revenue \$ )

THE FOUNDATION'S COMMITMENT TO RESEARCH AROUND THE WORLD WORKS HAND IN HAND WITH OUR INTERNATIONAL PROGRAM EFFORTS TO IMPROVE HIV PREVENTION, CARE, AND TREATMENT PROGRAMS, TRAIN THE NEXT GENERATION OF INTERNATIONAL PEDIATRIC HIV RESEARCH LEADERS, AND PURSUE THE DEVELOPMENT OF A PEDIATRIC HIV VACCINE

4c

(Code ) (Expenses \$ 538,837 including grants of \$ ) (Revenue \$ )

ELIZABETH GLASER WAS A PIONEER IN FIGHTING FOR THE RIGHTS OF CHILDREN LIVING WITH HIV BUILDING ON HER LEGACY, THE FOUNDATION'S PUBLIC POLICY AND GLOBAL ADVOCACY EFFORTS WORK TO CHALLENGE NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS TO COMMIT THE POLITICAL AND FINANCIAL RESOURCES NECESSARY TO ENSURE THAT CHILDREN ARE MADE A PRIORITY

4d

Other program services (Describe in Schedule O )

(Expenses \$ 661,533 including grants of \$ ) (Revenue \$ )

4e





















Total program service expenses

\$ 113,675,927

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.							
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.							
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>No</td></tr></table>	Yes	No		No			
Yes	No							
	No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	Yes					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16		No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a80	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a199	2b	Yes
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	Yes	
	b If "Yes," enter the name of the foreign country: <b>TZ, IV, SF, UG, RW, LT, WZ, ZA, ZI, MZ</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	20	
b	Enter the number of voting members that are independent . . . . .	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CT , DC , FL , GA , HI , IL , KY , LA , ME , MD , MA , MN , NH , NJ , NM , NY , NC , ND , OK , PA , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Daniel Warco Controller 1140 Connecticut Avenue NW Washington, DC 20036 (202) 296-9165

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)



1b	Total	4,039,001	0	396,460
----	-------	-----------	---	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 74

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Acumen Solutions Inc 8614 Westwood Center Drive VIENNA, VA 22182	INFO TECH SERVICES	1,229,120
The George Washington University 2300 Eye Street NW VIENNA, DC 20037	Program serv SUPPORT	710,346
Innovative Philanthropy 5 Hanover Square Suite 1801 LOS ANGELES, NY 10004	PROF FUNDRAISING	358,522
David Stark 87 Luquer Street NEW YORK, NY 11231	SPECIAL EVENT PLAN	333,989
Party Planners West Inc 5440 McConnell Avenue NEW YORK, CA 90066	SPECIAL EVENT PLAN	312,955

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 15

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	2,691,808			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	113,964,669			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,550,448			
	g	Noncash contributions included in lines 1a-1f \$ 182,417					
	h	Total. Add lines 1a-1f . . . . .		127,206,925			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,080		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		183,333			183,333
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		-2,750			-2,750
8a		Gross income from fundraising events (not including \$ 317,125 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .	a	2,691,808			
c		Net income or (loss) from fundraising events . .	b	1,086,367			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .					
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a	Miscellaneous Revenue		900,099	20,878		20,878	
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		20,878				
12	Total revenue. See Instructions . . . . .		126,643,224			-563,701	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	20,335,204	20,335,204		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	23,493,356	23,493,356		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,435,460	2,879,279	1,536,167	20,014
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	28,263,170	22,401,010	5,039,325	822,835
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,015,453	814,896	169,751	30,806
9	Other employee benefits . . . . .	3,801,943	3,251,334	466,034	84,575
10	Payroll taxes . . . . .	1,652,946	1,217,824	368,286	66,836
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	201,260	60,443	137,989	2,828
c	Accounting . . . . .	330,381	24,381	306,000	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	506,582			506,582
f	Investment management fees . . . . .	0			
g	Other . . . . .	6,059,931	4,661,098	1,294,498	104,335
12	Advertising and promotion . . . . .	59,230	53,591	1,769	3,870
13	Office expenses . . . . .	6,934,444	5,560,210	1,236,838	137,396
14	Information technology . . . . .	2,017,651	1,532,087	468,287	17,277
15	Royalties . . . . .	0			
16	Occupancy . . . . .	2,247,335	1,049,196	1,198,138	1
17	Travel . . . . .	6,644,679	5,855,128	710,460	79,092
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	7,015,556	6,796,457	210,421	8,678
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	240,886		240,886	
23	Insurance . . . . .	431,636	212,431	219,204	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	REIMBURSIBLE SUB-CONTRACTS	9,297,555	9,297,555		
b	OTHER PROGRAM SERVICES	3,121,639	3,121,639		
c	REPAIRS & MAINTENANCE	1,146,443	812,461	313,440	20,542
d	MISCELLANEOUS EXPENSES	481,801	246,347	136,554	98,900
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	129,734,541	113,675,927	14,054,047	2,004,567
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			9,385,155	1	4,544,487
	2	Savings and temporary cash investments . . . . .				2	2,031,146
	3	Pledges and grants receivable, net . . . . .			14,097,003	3	18,599,366
	4	Accounts receivable, net . . . . .			1,571,301	4	2,062,653
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			4,510,737	9	4,514,417
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,825,691	474,596	10c	233,709
	b	Less accumulated depreciation . . . . .	10b	1,591,982			
	11	Investments—publicly traded securities . . . . .			18,525	11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			30,057,317	16	31,985,778
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,279,411	17	5,317,586
	18	Grants payable . . . . .			11,049,837	18	15,034,410
	19	Deferred revenue . . . . .			2,344,618	19	3,354,271
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			276,994	25	271,954
	26	Total liabilities. Add lines 17 through 25 . . . . .			18,950,860	26	23,978,221
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			5,379,583	27	6,044,485
	28	Temporarily restricted net assets . . . . .			5,635,120	28	1,870,847
	29	Permanently restricted net assets . . . . .			91,754	29	92,225
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			11,106,457	33	8,007,557
	34	Total liabilities and net assets/fund balances . . . . .			30,057,317	34	31,985,778

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Elizabeth Glaser Pediatric AIDS Foundation	Employer identification number 95-4191698
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	63,580,010	83,790,921	99,755,376	119,792,443	127,206,925	494,125,675
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	63,580,010	83,790,921	99,755,376	119,792,443	127,206,925	494,125,675
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						494,125,675

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	63,580,010	365,648	99,755,376	119,792,443	127,206,925	494,125,675
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	175,140	365,648	266,466	98,682	4,080	910,016
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	17,537	2,545	1,371	36	20,878	42,367
11 Total support (Add lines 7 through 10)						495,078,058

12

Gross receipts from related activities, etc (See instructions )

12

317,125

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 808 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96 445 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
MISCELLANEOUS INCOME STEMMING FROM INSURANCE RECOVERIES

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Elizabeth Glaser Pediatric AIDS Foundation	Employer identification number 95-4191698
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a

Was a correction made?

☐ Yes

☐ No

b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4

Did the filing organization file Form 1120-POL for this year?

☐ Yes

☐ No

5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		2,896													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		28,455													
c Total lobbying expenditures (add lines 1a and 1b)		31,351													
d Other exempt purpose expenditures		130,694,798													
e Total exempt purpose expenditures (add lines 1c and 1d)		130,726,149													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	7,165	130,557	103,363	31,351	272,436
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	4,652	4,784	2,896	12,332

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
Elizabeth Glaser Pediatric AIDS Foundation

**Employer identification number**  
95-4191698

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	91,754	91,178		
b	Contributions . . . . .	471	576		
c	Investment earnings or losses . . . . .	4,847	4,847		
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	4,847	4,847		
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	92,225	91,754		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

Yes

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		341,193	238,365	102,828
d Equipment . . . . .		849,839	747,337	102,502
e Other . . . . .		634,659	606,280	28,379
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				233,709



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1126,643,224
2	Total expenses (Form 990, Part IX, column (A), line 25)	2129,734,541
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-3,091,317
4	Net unrealized gains (losses) on investments	4-7,583
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9-7,583
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-3,098,900

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1127,722,008
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-7,583	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e-7,583	
3	Subtract line 2e from line 1 . . . . .3	3127,729,591
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b-1,086,367	
c	Add lines 4a and 4b . . . . .4c-1,086,367	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	5126,643,224

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1130,820,908
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d1,086,367	
e	Add lines 2a through 2d . . . . .2e1,086,367	
3	Subtract line 2e from line 1 . . . . .3	3129,734,541
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	5129,734,541

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, SUPPLEMENTAL FINANCIAL STATEMENTS	EACH YEAR, THE FOUNDATION RECEIVES A PORTION OF INTEREST AND DIVIDENDS EARNED FROM ASSETS HELD IN TRUST THAT WERE DONATED SEVERAL YEARS AGO. THE FOUNDATION'S ENDOWMENT FUNDS BALANCE AT DECEMBER 31, 2009 REPRESENTS THE ESTIMATED FAIR MARKET VALUE OF THE FOUNDATION'S PORTION OF THE ASSETS HELD IN TRUST. ALL EARNINGS FROM THE TRUST ASSETS REPRESENT UNRESTRICTED REVENUE AND, PER THE TRUST AGREEMENT, THE TRUST ASSETS WILL BE HELD BY THE TRUSTEE IN PERPETUITY.
DESCRIPTION OF RECONCILING ITEM	SCHEDULE D, PART XII, LINE 4B & SCHEDULE D, PART XIII, LINE 2D	IN ORDER TO RECONCILE THE TOTAL REVENUES PER THE FINANCIAL STATEMENTS TO THE TOTAL REVENUE LISTED IN PART VIII OF THE FORM 990, TOTAL SPECIAL EVENT EXPENSES NEED TO BE ADDED BACK TO THE TOTAL REVENUE AMOUNT LISTED IN PART VIII OF THE FORM 990 (SINCE IT WAS DEDUCTED ON LINE 8B OF PART VIII).



<b>Employer identification number</b>
95-4191698

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number  
95-4191698

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EuroAmerican Communication	Direct mail		No	219,926	148,060	71,866
Innovative Philanthropy	Fundraising		No	3,008,934	358,522	2,650,412
Total . . . . . ▶				3,228,860	506,582	2,722,278

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Kids For Kids C (event type)	A Time for Hero (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	1,542,657	1,466,276	3,008,933
	2	Less Charitable contributions . . . .	1,272,907	1,418,901	2,691,808
	3	Gross income (line 1 minus line 2) . . . .	269,750	47,375	317,125
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	12,500	20,968	33,468
	6	Rent/facility costs . . . .	335,639	365,669	701,308
	7	Food and beverages . . . .		7,897	7,897
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	123,528	220,166	343,694
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			1,086,367
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			-769,242

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number  
95-4191698

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

16

3

Enter total number of other organizations . . . . .

0



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 95-4191698

Name: Elizabeth Glaser Pediatric AIDS Foundation

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Healthcare Foundation 6255 W Sunset Blvd 21st Floor Los Angeles, CA 90028	95-4112121	501(c)(3)	866,194		N/A	N/A	SEE PART IV
Baylor College of Medicine One Baylor Plaza Houston, TX 77030	20-2951275	501(c)(3)	76,695		N/A	N/A	SEE PART IV
Catholic Medical Mission Board10 West 17th Street New York, NY 10011	13-5602319	501(c)(3)	95,842		N/A	N/A	SEE PART IV
Health Alliance International 4534 11th Ave NE Seattle, WA 98105	94-3047981	501(c)(3)	381,980		N/A	N/A	SEE PART IV
Helen Keller International 352 Park Avenue South New York, NY 10010	13-5562162	501(c)(3)	134,265		N/A	N/A	SEE PART IV
HOPE Worldwide Cote d'Ivoire353 West Lancaster Ave Suite 200 Wayne, PA 19087	91-1867491	501(c)(3)	416,778		N/A	N/A	SEE PART IV
J F Kapnek Charitable Trust 936 Dewing Avenue Suite E3 Lafayette, CA 94549	23-7165692	501(c)(3)	1,275,695	64,468	BOOK	PURCHASE OF VEHICLE	SEE PART IV
JHPIEGO1101 E 33rd Street D200 Baltimore, MD 21218	23-7424444	501(c)(3)	102,340		N/A	N/A	SEE PART IV
Oregon National Primate Research CenterOregon Health and Science Universit Portland, OR 97205	23-7083114	501(c)(3)	200,000		N/A	N/A	SEE PART IV
The University Of Alabama At Birmingham1530 3rd Avenue South Birmingham, AL 35294	63-6005396	501(c)(3)	14,857,928		N/A	N/A	SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of North Carolina at Chapel Hill104 Airport Drive Campus Box 1350 Chapel Hill, NC 27599	56-6001393	501(c)(3)	688,999		N/A	N/A	SEE PART IV
University of California at San Francisco3333 California Street Suite 315 San Francisco, CA 94118	94-6036493	501(c)(3)	446,917		N/A	N/A	SEE PART IV
University of Washington Gerberding Hall G80 Box 351202 Seattle, WA 981951202	91-1486484	501(c)(3)	200,000		N/A	N/A	SEE PART IV
Wake Forest University Health SciencesMedical Center Blvd Winston Salem, NC 27157	22-3849199	501(c)(3)	462,908		N/A	N/A	SEE PART IV
World Harvest Mission101 West Avenue Jenkintown, PA 19046	23-2223692	501(c)(3)	37,182	1,347	BOOK	TECH TRAINING WORKSH	SEE PART IV
World Relief7 East Baltimore Street Baltimore, MD 21202	23-6393344	501(c)(3)	25,225		N/A	N/A	SEE PART IV

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Elizabeth Glaser Pediatric AIDS Foundation	Employer identification number 95-4191698
--	--

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel		
	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART III	THE FOUNDATION PAYS FOR THE HOUSING OF ALL OF ITS US EXPATRIATES AND THIRD-COUNTRY NATIONALS LIVING AND WORKING IN SUB-SAHARAN AFRICA. THE FOLLOWING INDIVIDUALS RECEIVE SUCH AMOUNTS: ANJA GIPHART, DENIS TINDYEBWA, NANCY FITCH, MAURICE ADAMS, WILLIAM SALMOND, CATHRIEN ALONS-KEHUS, LEOPOLD BUHENDWA, SUSAN MICHAELS-STRASSER, PETER SAVOSNICK, PATRICIA MBETU, AND AGNES MAHOMVA. SUCH AMOUNTS ARE CONSIDERED TAXABLE INCOME BASED ON THE LAWS OF THE COUNTRY IN WHICH THE PERSON RESIDES.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number  
95-4191698

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	4	51,130	cost/selling price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( food items for special events ) . . . . .	X	7	20,254	cost/selling price
26 Other ► ( toys, gifts cards, etc distributed at events ) . . . . .	X	2	2,864	cost/selling price
27 Other ► ( airline vouchers ) . . . . .	X	1	74,853	cost/selling price
28 Other ► ( airline miles ) . . . . .	X	1	33,316	cost/selling price
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	Yes		
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES TO SOLICIT AND PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, QUESTION 32A	THE FOUNDATION USES A PROFESSIONAL FUNDRAISER TO SOLICIT AND PROCESS NON-CASH CONTRIBUTIONS FOR THE FOUNDATION'S SPECIAL FUNDRAISING EVENTS



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Elizabeth Glaser Pediatric AIDS Foundation	Employer identification number 95-4191698
--	--

Identifier	Return Reference	Explanation
------------	------------------	-------------

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		<p>DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D THE FOUNDATION'S OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S COMMUNICATIONS, EDUCATION, AND OUTREACH EFFORTS ADDITIONAL FOREIGN COUNTRY LIST FORM 990, PART V, LINE 4B MALAWI KENYA DESCRIBE THE PROCESS USED BY MANAGEMENT &amp;/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11 PRIOR TO THE ISSUANCE OF THE FORM 990, THE FORM WAS REVIEWED IN DETAIL BY THE FOUNDATION'S CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, VICE PRESIDENT OF HUMAN RESOURCES, AND CONTROLLER THE CEO, COO, AND CONTROLLER OF THE FOUNDATION ALSO MET WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS TO REVIEW THE 990 PRIOR TO ITS ISSUANCE IN ADDITION, TWO PUBLIC ACCOUNTING FIRMS WERE ASKED TO REVIEW THE DOCUMENT FINALLY, COPIES WERE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO ISSUANCE DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12B THE BOARD OF DIRECTORS IS REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST ALL OTHER FOUNDATION EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST DURING THE YEAR ENDED DECEMBER 31, 2009 IN ACCORDANCE WITH THE FOUNDATION'S OFFICIAL CONFLICT OF INTEREST POLICY DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C MEMBERS OF THE FOUNDATION'S GOVERNING BODY AS WELL AS FOUNDATION STAFF ARE ASKED TO SIGN A STATEMENT REQUIRING THEM TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS IN ADDITION, STAFF ARE MADE AWARE OF THE FOUNDATION'S POLICY UPON HIRING AND ARE ASKED TO DISCLOSE THE EXISTENCE OF ANY CONFLICTS OF INTEREST AT THAT TIME THE CURRENT POLICY, WHICH COVERS ALL FOUNDATION EMPLOYEES, REQUIRES THAT ALL PERSONNEL IMMEDIATELY NOTIFY THE VICE PRESIDENT OF HUMAN RESOURCES AS SOON AS POTENTIAL CONFLICTS ARISE THE VP OF HUMAN RESOURCES WILL THEN DETERMINE THE APPROPRIATE CHANNELS OF CONSIDERATION FOR THE CONFLICT AND RESPOND TO THE DISCLOSING PARTY BEFORE THE TRANSACTION IN QUESTION MAY BE CONSUMMATED NON-RESPONSES ARE REVISITED BY APPROPRIATE MEMBERS OF MANAGEMENT OFFICES &amp; POSITIONS FOR WHICH PROCESS WAS USED, &amp; YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S CHIEF EXECUTIVE OFFICER, THE FOUNDATION ENGAGES A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NON-PROFIT COMMUNITY AS WELL AS REVIEWING INDEPENDENT SURVEY DATA LOOKING AT OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE THE FOUNDATION'S COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, ESTABLISHED TO DISCHARGE THE BOARD'S RESPONSIBILITIES IN (1) REVIEWING THE OVERALL COMPENSATION PHILOSOPHY AND POLICIES FOR THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION AND (2) REVIEWING THE PERFORMANCE OF, AND ESTABLISHING COMPENSATION OF, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, REVIEWED THE DATA AND MADE A RECOMMENDATION TO THE FULL BOARD BASED ON THE DATA PRESENTED TO THE FULL BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, THE BOARD MET IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S CHIEF EXECUTIVE OFFICER DOCUMENTATION OF THOSE DELIBERATIONS AND OF THE RECOMMENDATION TO THE FULL BOARD IS MAINTAINED BY THE VP OF HR AND IS NOTED IN FORMAL BOARD MINUTES OFFICES &amp; POSITIONS FOR WHICH PROCESS WAS USED, &amp; YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15B IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S OFFICERS AND KEY EMPLOYEES, THE FOUNDATION ENGAGES A WELL KNOWN EXECUTIVE RECRUITER TO ACCUMULATE COMPENSATION DATA FOR CANDIDATES FROM SIMILAR ORGANIZATIONS IN THE NON-PROFIT COMMUNITY AS WELL AS REVIEWING INDEPENDENT SURVEY DATA LOOKING AT OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND GROSS REVENUE THE FOUNDATION ALSO MAINTAINS A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH WAS ESTABLISHED TO DISCHARGE THE BOARD'S RESPONSIBILITIES IN (1) REVIEWING THE OVERALL COMPENSATION PHILOSOPHY AND POLICIES FOR THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION AND (2) REVIEWING THE PERFORMANCE OF, AND ESTABLISHING COMPENSATION OF, THE EXECUTIVE VICE PRESIDENT FOR MEDICAL &amp; SCIENTIFIC AFFAIRS, AND CHIEF OPERATING OFFICER THE COMMITTEE IS ALSO VESTED WITH RESPONSIBILITY FOR REVIEWING THE COMPENSATION RECOMMENDATIONS FOR ADDITIONAL SENIOR EMPLOYEES OF THE FOUNDATION WHOM THE COMMITTEE DETERMINES TO BE IN A POSITION TO EXERCISE A SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE FOUNDATION WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ("DISQUALIFIED PERSONS") THE FOUNDATION'S SENIOR LEADERSHIP TEAM REVIEWS THE SALARIES OF KEY EMPLOYEES AND FOR NEW HIRES AND HELPS ADJUSTS THE SALARIES FOR CONTINUING EMPLOYEES AS NECESSARY BASED ON THE MOST RECENTLY AVAILABLE BENCHMARK DATA BASED ON THAT DATA, THE FOUNDATION'S VP OF HR, CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF MANAGAMENT AS NECESSARY, PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION PACKAGES GIVEN TO OTHER OFFICERS AND KEY EMPLOYEES THAT THEY SUPERVISE, AGREE UPON THE APPROPRIATE COMPENSATION PACKAGE DOCUMENTATION SUPPORTING COMPENSATION DECISIONS IS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, &amp; FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE FOUNDATION MAKES ITS ANNUAL, AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, HTTP /WWW PEDAIDS ORG BECAUSE THE FOUNDATION CONSIDERS ITS CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS TO BE PROPRIETARY INFORMATION, THE FOUNDATION DOES NOT MAKE THE SPECIFIC POLICIES AVAILABLE TO THE PUBLIC</p>

Additional Data

Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barnes Pamela President and CEO	40 0	X		X				396,086	0	21,024
Paul Glaser Honorary Board Chairman	5	X						0	0	0
David Kessler MD Chairman of the Board	5	X						0	0	0
Willow Bay Co-Vice Chair of the Board	5	X						0	0	0
Bill Belfiore Board Member	5	X						0	0	0
Peter Benzian Board Secretary	5	X						0	0	0
Bob Burkett Board Member	5	X						0	0	0
Mark Burnett Board Member	5	X						0	0	0
Mark Dybul Board Member	5	X						0	0	0
Jeff Elton PhD Board Member	5	X						0	0	0
Jennifer Fox Board Member	5	X						0	0	0
Russ Hagey Co-Vice Chair of the Board	5	X						0	0	0
Brian Heidtke Board Member	5	X						0	0	0
Annie Hill Board Member	5	X						0	0	0
Paul W Johnson Board Member	5	X						0	0	0
Scott I London Board Member	5	X						0	0	0
Joseph M McCune MD PhD Board Member	5	X						0	0	0
Stuart M Pape Board Member	5	X						0	0	0
Susie Zeegen Board Member	5	X						0	0	0
Bobbi Zifkin Board Member	5	X						0	0	0
Hellmann Nicholas S Executive VP, Medical & Sci AF	40 0			X				260,293	0	19,325
Carrazana Carlos A Chief Operating Officer	40 0			X				246,412	0	22,946
Giphart Anja Country Director, Tanzania	40 0				X			218,107	0	20,551
Fitch Nancy Country Director, Mozambique	40 0				X			214,038	0	20,446
Adams Maurice Vice President, Country Manage	40 0				X			204,945	0	19,696

Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Salmond William Country Director, Uganda	40 0				X			201,789	0	20,293	
Devine-Karlin Patricia Vice President, Program Implem	40 0				X			194,096	0	46,006	
Lee Stephen SENIOR DIRECTOR - PROGRAMS	40 0				X			198,221	0	18,330	
Ward-Dahl Tamara L VP - ADMIN AND HR	40 0				X			184,928	0	26,356	
Buhendwa Leopold Country Director, Lesotho	40 0				X			177,430	0	16,826	
Savosnick Peter Country Director, Kenya	40 0				X			169,014	0	15,896	
Mbetu Patricia Country Director, Malawi	40 0				X			161,118	0	14,272	
Penniman Elizabeth INTERIM VP - PUBLIC POLICY	40 0				X			161,545	0	13,817	
Mahomva Agnes Country Director, Zimbabwe	40 0				X			168,555	0	0	
Tindyebwa Denis Regional Director, Pediatric C	40 0					X		219,635	0	17,876	
Alons-Kehus Cathrien Technical Director, Mozambique	40 0					X		181,898	0	17,300	
Michaels-Strasser Susan TECHNICAL DIRECTOR, ZAMBIA	40 0					X		165,526	0	17,659	
Fowler Randy Internal Auditor	40 0					X		160,010	0	23,783	
Horner Douglas Senior Director, Awards and Co	40 0					X		155,355	0	24,058	

Additional Data

Software ID:

Software Version:

EIN: 95-4191698

Name: Elizabeth Glaser Pediatric AIDS Foundation

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	46,211	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	16,176	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	87,350	WIRE TRANSF	37,151	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	162,784	WIRE TRANSF	58,710	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	128,408	WIRE TRANSF	1,979	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	113,306	WIRE TRANSF		N/A	
		South Asia	SEE PART IV	29,663	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	10,643	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	20,207	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	11,927	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	13,036	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	35,714	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	21,761	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	14,852	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	24,153	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	13,153	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	8,948	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	55,773	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	31,481	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	46,969	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	31,663	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	108,117	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	21,658	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	153,816	WIRE TRANSF	19,921	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	5,947	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	52,058	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	105,360	WIRE TRANSF	625	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	64,260	WIRE TRANSF	5,270	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV		WIRE TRANSF	33,794	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	73,878	WIRE TRANSF	4,008	[B]-PART IV	BOOK

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	775,641	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	16,893	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	185,915	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	24,271	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	46,321	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	81,097	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	12,757	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	35,140	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	9,231	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	14,600	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	20,297	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	9,831	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	15,012	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	79,934	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	110,248	WIRE TRANSF	42,041	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	34,261	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	65,742	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	24,468	WIRE TRANSF		N/A	
		South Asia	SEE PART IV	87,496	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	85,796	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	45,373	WIRE TRANSF	1,845	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	82,640	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	31,174	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	78,132	WIRE TRANSF	1,243	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	61,097	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	93,046	WIRE TRANSF	1,659	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	59,863	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	56,772	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	24,223	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	252,102	WIRE TRANSF	52,598	[C]-PART IV	BOOK

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	51,959	WIRE TRANSF	14,012	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	32,287	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	57,861	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV		WIRE TRANSF	8,772	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	37,844	WIRE TRANSF	3,374	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	18,491	WIRE TRANSF	5,394	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	9,262	WIRE TRANSF	4,807	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	138,317	WIRE TRANSF	100,555	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	57,708	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	167,779	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	8,862	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	15,188	WIRE TRANSF	6,111	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	75,100	WIRE TRANSF	41,433	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	51,280	WIRE TRANSF	6,456	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	72,135	WIRE TRANSF	12,746	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	36,611	WIRE TRANSF	24,144	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	22,706	WIRE TRANSF	7,512	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	59,039	WIRE TRANSF	1,243	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	34,954	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	96,477	WIRE TRANSF	20,828	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	78,524	WIRE TRANSF	1,243	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	39,341	WIRE TRANSF	8,658	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	5,291	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	30,348	WIRE TRANSF	7,966	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	147,421	WIRE TRANSF	4,283	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	20,610	WIRE TRANSF	7,483	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	11,444	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	3,443	WIRE TRANSF	14,436	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	72,158	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	119,125	WIRE TRANSF	582	[H]-PART IV	BOOK

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	69,129	WIRE TRANSF	2,378	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	88,718	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	9,249	WIRE TRANSF	4,807	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	14,450	WIRE TRANSF	14,616	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	57,330	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	406,980	WIRE TRANSF	1,531	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	43,193	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	40,000	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	8,836	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	170,604	WIRE TRANSF	15,077	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	35,578	WIRE TRANSF	22,685	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	202,396	WIRE TRANSF	52,956	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	68,852	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	81,882	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	10,070	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	521,052	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	26,806	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	77,998	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	132,770	WIRE TRANSF	17,506	[A]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	14,531	WIRE TRANSF	4,390	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	85,870	WIRE TRANSF	6,120	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	100,324	WIRE TRANSF	80,655	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	81,235	WIRE TRANSF	27,160	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	59,666	WIRE TRANSF	2,664	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	144,533	WIRE TRANSF	16,518	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	82,798	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	126,288	WIRE TRANSF	27,095	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	107,674	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	34,605	WIRE TRANSF	12,665	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	31,308	WIRE TRANSF	6,089	[D]-PART IV	BOOK

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	3,307,985	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	67,566	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	100,618	WIRE TRANSF	18,950	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	39,517	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	187,062	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	30,363	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	59,739	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	137,158	WIRE TRANSF	2,299	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	144,672	WIRE TRANSF	2,619	[F]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	94,756	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	108,285	WIRE TRANSF	15,371	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	32,811	WIRE TRANSF	4,584	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	75,283	WIRE TRANSF	103,285	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	47,760	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	34,402	WIRE TRANSF	3,996	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	44,919	WIRE TRANSF	1,421	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	57,616	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	507,868	WIRE TRANSF	3,231	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	47,280	WIRE TRANSF	13,419	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	45,175	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	112,455	WIRE TRANSF	9,193	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	62,318	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	58,388	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	48,362	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	8,307	WIRE TRANSF	7,334	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	57,032	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	102,409	WIRE TRANSF	408	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	67,075	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	60,648	WIRE TRANSF	4,186	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	98,953	WIRE TRANSF		N/A	



(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	26,168	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	25,291	WIRE TRANSF	2,042	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	166,813	WIRE TRANSF	58,711	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	80,553	WIRE TRANSF	6,695	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	178,443	WIRE TRANSF	4,115	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	87,885	WIRE TRANSF	4,283	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	29,985	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	32,037	WIRE TRANSF	11,033	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	75,607	WIRE TRANSF	4,186	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	62,882	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	65,643	WIRE TRANSF	2,042	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	48,959	WIRE TRANSF	2,042	[H]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	110,361	WIRE TRANSF	227	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	76,730	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	205,157	WIRE TRANSF	613	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	68,190	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	28,208	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	32,139	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	22,837	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	83,815	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	64,654	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	92,176	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	89,842	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	13,799	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	40,409	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	20,824	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	23,681	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	33,949	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	31,671	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	97,554	WIRE TRANSF		N/A	

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	36,086	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	1,214,497	WIRE TRANSF	6,655	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	41,116	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	27,643	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	45,620	WIRE TRANSF	5,484	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	34,793	WIRE TRANSF	7,137	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	95,838	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	144,632	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	68,911	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	34,845	WIRE TRANSF	9,205	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	60,919	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	66,541	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	5,593	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	39,679	WIRE TRANSF	1,243	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	43,788	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	37,818	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	48,506	WIRE TRANSF	3,848	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	40,570	WIRE TRANSF	10,135	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	9,131	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	45,655	WIRE TRANSF	1,776	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	48,692	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	36,138	WIRE TRANSF		N/A	
		South Asia	SEE PART IV	110,000	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	113,389	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	25,098	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	139,778	WIRE TRANSF	1,162	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	39,214	WIRE TRANSF	2,634	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	25,579	WIRE TRANSF	4,731	[D]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	15,405	WIRE TRANSF	985	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV		WIRE TRANSF	16,956	[C]-PART IV	BOOK

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	20,072	WIRE TRANSF	2,473	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	30,230	WIRE TRANSF	377	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	26,919	WIRE TRANSF	15,037	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	28,254	WIRE TRANSF	8,490	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	170,708	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	112,555	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	148,987	WIRE TRANSF	51,259	[E]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	61,919	WIRE TRANSF	10,017	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	191,955	WIRE TRANSF	3,934	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	36,474	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	57,413	WIRE TRANSF	1,421	[B]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	71,443	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	75,030	WIRE TRANSF		N/A	
		South Asia	SEE PART IV	206,960	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	234,026	WIRE TRANSF	613	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	37,280	WIRE TRANSF		N/A	
		South Asia	SEE PART IV	41,384	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	58,308	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	129,368	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	70,146	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	52,264	WIRE TRANSF	2,225	[C]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	151,108	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	20,469	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	200,000	WIRE TRANSF		N/A	
		Europe (including Iceland)	SEE PART IV	200,000	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	49,750	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	46,487	WIRE TRANSF	55,323	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	105,639	WIRE TRANSF	58,197	[G]-PART IV	BOOK
		Sub-Saharan Africa	SEE PART IV	55,627	WIRE TRANSF		N/A	
		Sub-Saharan Africa	SEE PART IV	81,033	WIRE TRANSF	587	[C]-PART IV	BOOK

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SEE PART IV	25,644	WIRE TRANSF		N/A	
		East Asia/Pacific	SEE PART IV	143,332	WIRE TRANSF		N/A	

Software ID:  
Software Version:  
EIN: 95-4191698  
Name: Elizabeth Glaser Pediatric AIDS Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Barnes Pamela	(i) 327,776 (ii) 0	0 0	68,310 0	14,177 0	6,847 0	417,110 0	0 0
Hellmann Nicholas S	(i) 235,851 (ii) 0	0 0	24,443 0	17,150 0	2,175 0	279,618 0	0 0
Carrazana Carlos A	(i) 229,539 (ii) 0	0 0	16,874 0	16,500 0	6,446 0	269,358 0	0 0
Giphart Anja	(i) 116,287 (ii) 0	0 0	101,820 0	8,753 0	11,798 0	238,658 0	0 0
Tindyebwa Denis	(i) 86,544 (ii) 0	0 0	133,092 0	7,598 0	10,278 0	237,511 0	0 0
Fitch Nancy	(i) 104,706 (ii) 0	0 0	109,332 0	9,104 0	11,341 0	234,483 0	0 0
Adams Maurice	(i) 152,290 (ii) 0	0 0	52,655 0	11,463 0	8,233 0	224,641 0	0 0
Salmond William	(i) 104,705 (ii) 0	0 0	97,084 0	9,104 0	11,188 0	222,081 0	0 0
Devine-Karlin Patricia	(i) 177,374 (ii) 0	0 0	16,722 0	13,587 0	32,419 0	240,102 0	0 0
Lee Stephen	(i) 181,472 (ii) 0	0 0	16,749 0	13,847 0	4,483 0	216,551 0	0 0
Ward-Dahl Tamara L	(i) 168,054 (ii) 0	0 0	16,874 0	13,195 0	13,161 0	211,284 0	0 0
Alons-Kehus Cathrien	(i) 83,671 (ii) 0	0 0	98,227 0	6,298 0	11,002 0	199,198 0	0 0
Buhendwa Leopold	(i) 78,075 (ii) 0	0 0	99,356 0	6,072 0	10,754 0	194,256 0	0 0
Michaels-Strasser Susan	(i) 73,919 (ii) 0	0 0	91,606 0	5,626 0	12,033 0	183,185 0	0 0
Fowler Randy	(i) 137,484 (ii) 0	0 0	22,526 0	11,300 0	12,483 0	183,793 0	0 0
Savosnick Peter	(i) 93,079 (ii) 0	0 0	75,935 0	8,067 0	7,829 0	184,910 0	0 0
Horner Douglas	(i) 143,981 (ii) 0	0 0	11,375 0	11,042 0	13,016 0	179,413 0	0 0
Mbetu Patricia	(i) 97,258 (ii) 0	0 0	63,860 0	7,321 0	6,952 0	175,391 0	0 0
Penniman Elizabeth	(i) 144,699 (ii) 0	0 0	16,846 0	7,689 0	6,128 0	175,362 0	0 0
Mahomva Agnes	(i) 108,635 (ii) 0	0 0	59,920 0	0 0	0 0	168,555 0	0 0