

Elizabeth Glaser Pediatric AIDS Foundation  
Form 990  
Tax Year 2008

Elizabeth Glaser Pediatric AIDS Foundation  
Instructions for E-filed  
Form 990 with Sch. A - Exempt Under 501(c) (3)  
For the period ended December 31, 2008

\*\*\*\*\*

Signature ...

The file copy and public inspection copy of the  
returns should be signed by an officer, title  
indicated, and dated on page 1.

Filing ...

The federal copy of the return was e-filed by us on  
your behalf. Do not separately file a copy of the  
Form 990 with the Internal Revenue Service.

Payment of tax ...

No payment of tax is required.

\*\*\*\*\*

**Exempt Organization Declaration and Signature for  
Electronic Filing**

For calendar year 2008, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20

**2008**Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATI95-4191698**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b <u>119208772.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____

**Part II Declaration of Officer**

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign  
Here

Signature of officer

Date

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's  
Use  
Only**ERO's  
signatureFirm's name (or  
yours if self-employed),  
address, and ZIP code

Date

Check if  
also paid  
preparer ☒Check  
if self-  
employed ☐

ERO's SSN or PTIN

EIN 34-6565596

Phone no. 864/242-5740

**Paid  
Preparer's  
Use Only**Preparer's  
signatureFirm's name (or  
yours if self-employed),  
address, and ZIP code

Date

Check  
if self-  
employed ☐

Preparer's SSN or PTIN

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2008)

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

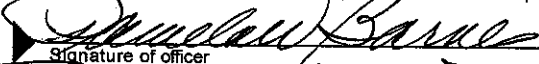
**2008**Open to Public  
Inspection**A For the 2008 calendar year, or tax year beginning****, 2008, and ending****, 20**

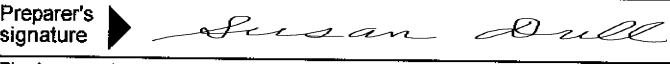
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> ELIZABETH GLASER PEDIATRIC AIDS FOUND		<b>D Employer identification number</b> 95-4191698
		Doing Business As		<b>E Telephone number</b> (202) 296-9165
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1140 CONNECTICUT AVENUE, NW 200		<b>G Gross receipts \$</b> 120,671,799.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F Name and address of principal officer:</b> DAVID KESSLER, MD 1140 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036		<b>H(c) Group exemption number</b> ▶		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW.PEDAIDS.ORG				
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L Year of formation:</b> 1988 <b>M State of legal domicile:</b> CA				

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION SEEKS TO PREVENT HIV INFECTION AND TO ERADICATE PEDIATRIC AIDS THROUGH RESEARCH, ADVOCACY, AND PREVENTION AND TREATMENT PROGRAMS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	180
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
		<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	99,857,290.	118,779,278.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,466.	97,506.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-289,497.	331,988.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,834,259.	119,208,772.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,995,153.	51,232,437.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,610,151.	29,510,145.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	239,652.	322,287.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶ 2,548,513.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	34,711,698.	36,848,648.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	100,556,654.	117,913,517.
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-722,395.	1,295,255.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	31,300,233.	30,057,317.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,618,949.	18,950,860.
		9,681,284.	11,106,457.

**Part II Signature Block**

<b>Sign Here</b>	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 	Date 8/22/09
	Type or print name and title PAMELA W. BARNES, PRESIDENT AND CEO	

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 8/27/2009	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00233523
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG U.S. LLP 75 BEATTIE PLACE, SUITE 800 GREENVILLE, SC 29601		EIN 34-6565596	Phone no. 864/242-5740

May the IRS discuss this return with the preparer shown above? (See instructions)

Yes ☒ No ☐

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

**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 \$ 98,036,336. including grants of \$ 50,232,436. ) (Revenue \$ )

SEE STATEMENT 2

**4b** (Code: ) (Expenses \$ 2,911,892. including grants of \$ 1,000,000. ) (Revenue \$ )

SEE STATEMENT 2

**4c** (Code: ) (Expenses \$ 500,628. including grants of \$ ) (Revenue \$ )

SEE STATEMENT 2

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 1,921,790. including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ► \$ 103,370,646. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> <b>Sections 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<b>11</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	<b>12</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<b>14a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	<b>14b</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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 United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	<b>15</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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 United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	<b>17</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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 question 25</i> . . . . .	<b>24a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <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> . . . . .	<b>25a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> 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> . . . . .	<b>26</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> 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> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> 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> . . . . .	<b>34</b>	X
<b>35</b> 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> . . . . .	<b>35</b>	X
<b>36</b> <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> . . . . .	<b>36</b>	X
<b>37</b> 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> . . . . .	<b>37</b>	X

Form **990** (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b> 66	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> NONE	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	<b>2a</b> 180	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	X
<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)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>SEE STATEMENT 4</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

Form **990** (2008)



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	19
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	18
<b>2</b>	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? . . . . .	<b>2</b>	X
<b>3</b>	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? . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>	X
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>b</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? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	X
<b>11</b>	Is there any officer, director or 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 . . . . .	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 5

**18** Section 6104 requires an organization to make its Forms 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.  
☐ Own website ☒ Another's website ☒ 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.

**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 CONNETTICUT AVE, NW WASHINGTON, DC 20036

(202) 296-9165





**Part VIII Statement of Revenue**

95-4191698

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	3,838,484.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	99,381,486.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	15,559,308.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		804,738.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		118,779,278.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		NONE			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		98,682.			98,682.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b>	Royalties . . . . . ▶		67,602.			67,602.
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		28,767.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		29,943.			
	<b>c</b>	Gain or (loss) . . . . .		-1,176.			
	<b>d</b>	Net gain or (loss) . . . . . ▶		-1,176.			-1,176.
	<b>8a</b>	Gross income from fundraising events (not including \$ 3,839,484. of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>		1,697,470.			
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>		1,433,084.			
	<b>c</b>	Net income or (loss) from fundraising events . <b>STMT. 8 . . . ▶</b>		264,386.			264,386.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		119,208,772.			429,494.	

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	28,963,653.	28,963,653.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	22,268,784.	22,268,784.		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,520,566.	3,236,236.	1,036,348.	247,982.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
<b>7</b> Other salaries and wages . . . . .	18,056,832.	14,756,850.	2,688,251.	611,731.
<b>8</b> Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	581,505.	477,309.	84,965.	19,231.
<b>9</b> Other employee benefits . . . . .	4,175,552.	2,944,233.	1,004,057.	227,262.
<b>10</b> Payroll taxes . . . . .	2,175,690.	1,805,242.	302,075.	68,373.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	34,125.	27,438.	4,510.	2,177.
<b>c</b> Accounting . . . . .	320,911.	11,007.	309,904.	
<b>d</b> Lobbying . . . . .	383.	383.		
<b>e</b> Professional fundraising services. See Part IV, line 17	322,287.			322,287.
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other . . . . .	5,715,539.	3,800,727.	1,785,822.	128,990.
<b>12</b> Advertising and promotion . . . . .	15,238.	7,131.		8,107.
<b>13</b> Office expenses . . . . .	4,033,484.	2,689,656.	1,137,270.	206,558.
<b>14</b> Information technology . . . . .	2,660,015.	1,880,936.	779,079.	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,973,740.	806,680.	1,167,060.	
<b>17</b> Travel . . . . .	4,533,454.	3,980,478.	488,735.	64,241.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . .	5,147,224.	5,033,924.	106,141.	7,159.
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . .	271,029.		271,029.	
<b>23</b> Insurance . . . . .	453,468.	268,658.	184,810.	
<b>24</b> 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.)				
<b>a</b> EXPENDABLE EQUIPMENT -----	829,266.	829,266.		
<b>b</b> REPAIRS AND MAINTENANCE -----	1,021,685.	583,361.	438,324.	
<b>c</b> SUB-CONTRACT EXPENSES -----	5,197,058.	5,197,058.		
<b>d</b> OTHER PROGRAM SERVICES -----	3,669,073.	3,669,073.		
<b>e</b> CONTRIBUTED SERVICES EXPENSE -----	826,764.	37,710.	181,059.	607,995.
<b>f</b> All other expenses -----	146,192.	94,853.	24,919.	26,420.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	117,913,517.	103,370,646.	11,994,358.	2,548,513.
<b>26</b> <b>Joint Costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	16,617,094.	<b>1</b>	9,385,155.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	9,201,782.	<b>3</b>	14,097,003.
	<b>4</b> Accounts receivable, net . . . . .	846,552.	<b>4</b>	1,571,301.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,932,463.	<b>9</b>	4,510,737.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 1,917,479.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 1,442,883.		
	<b>11</b> Investments - publicly traded securities . . . . .	699,332.	<b>10c</b>	474,596.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	3,010.	<b>11</b>	18,525.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	31,300,233.	<b>15</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,038,342.	<b>16</b>	30,057,317.
	<b>18</b> Grants payable . . . . .	12,340,775.	<b>17</b>	5,279,411.
	<b>19</b> Deferred revenue . . . . .	4,959,131.	<b>18</b>	11,049,837.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>19</b>	2,344,618.
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>23</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	280,701.	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	21,618,949.	<b>25</b>	276,994.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,057,100.	<b>26</b>	18,950,860.
	<b>28</b> Temporarily restricted net assets . . . . .	7,533,006.	<b>27</b>	5,379,583.
	<b>29</b> Permanently restricted net assets . . . . .	91,178.	<b>28</b>	5,635,120.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	91,754.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>33</b> Total net assets or fund balances . . . . .	9,681,284.	<b>32</b>	
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	31,300,233.	<b>33</b>	11,106,457.

**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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b>	
<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? . . . . .	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	<input checked="" type="checkbox"/>

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

**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: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(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 590(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 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? . . . . .

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,213,079.	63,580,010.	83,790,921.	99,755,376.	119,792,443.	402,131,829.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .	35,213,079.	63,580,010.	83,790,921.	99,755,376.	119,792,443.	402,131,829.
<b>5</b> 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) . . . . .						8,952,300.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						393,179,529.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	35,213,079.	63,580,010.	83,790,921.	99,755,376.	119,792,443.	402,131,829.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	211,943.	175,140.	365,648.	266,466.	98,682.	1,117,879.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	83,429.	17,537.	2,545.	1,370.	36.	104,917.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						403,354,625.
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.48 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	63.91 %
<b>16a</b> <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> 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 "fact-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h. . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 . . . . . ☐

**b 33 1/3% support tests - 2007.** 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 . . . . . ☐

**20 Private 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.** 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)

DESCRIPTION OF OTHER INCOME

SCHEDULE A, PART II, LINE 10

MISCELLANEOUS INCOME

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	83,429.	17,537.	2,545.	1,370.	36.	104,917.
TOTALS	83,429.	17,537.	2,545.	1,370.	36.	104,917.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

**Name of the organization**

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

**Employer identification number**

95-4191698

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)(3 ) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPART OF HEALTH AND HUMAN SERVICES 330 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 75,001,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US AGENCY FOR INTERNATIONAL DEVELOPMENT 1300 PENNSYLVANIA AVE WASHINGTON, DC 20523	\$ 24,378,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2008**

**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(cy)(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), then

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

Name of organization	Employer identification number
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	95-4191698

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 function activities . . . . . ► \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and 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. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.**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
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		4,784.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		98,579.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		103,363.	
<b>d</b> Other exempt purpose expenditures . . . . .		119,243,238.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		119,346,601.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .			
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .			
<b>j</b> 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 checked="" 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	669,907.	7,165.	130,557.	103,363.	910,992.
<b>d</b> Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures			4,652.	4,784.	9,436.

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	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).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**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.

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Part IV	Supplemental Information (continued)
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public  
Inspection

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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 other impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

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, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 . . . . . ► \$ \_\_\_\_\_

**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      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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 Trust, Escrow and Custodial Arrangements.** Complete if 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
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

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 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 . . . . .	91,178.				
b Contributions . . . . .	576.				
c Investment earnings or losses . . . . .	4,847.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	4,847.				
f Administrative expenses . . . . .					
g End of year balance . . . . .	91,754.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► 100.0000 %  
 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 . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		341,192.	212,046.	129,146.
d Equipment . . . . .		900,863.	604,672.	296,191.
e Other . . . . .		675,424.	626,165.	49,259.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				474,596.

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
DEFERRED RENT	276,994.	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	276,994.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	119,208,772.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	117,913,517.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	1,295,255.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-7,410.
<b>5</b>	Donated services and use of facilities	<b>5</b>	137,328.
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4-8	<b>9</b>	129,918.
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	1,425,173.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	120,771,774.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-7,410.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	137,328.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	129,918.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	120,641,856.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-1,433,084.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,433,084.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b>	119,208,772.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	119,346,601.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	1,433,084.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,433,084.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	117,913,517.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b>	117,913,517.

**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.

SEE PAGE 5

**Part XIV Supplemental Information** *(continued)*

SCHEDULE D, PART V, SUPPLEMENTAL FINANCIAL STATEMENTS

ENDOWMENT FUNDS

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, 2008 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.

SCHEDULE D, PART X

FOOTNOTE REGARDING FIN48 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

IN JUNE 2006, THE FASB ISSUED FASB INTERPRETATION (FIN) NO. 48 ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO.

109. FIN 48 ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR

EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE

FINANCIAL STATEMENTS. ADDITIONALLY, THE TAX BENEFIT FROM AN UNCERTAIN TAX

POSITION MUST BE RECOGNIZED ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE

TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES.

THERE HAS BEEN NO IMPACT ON THE FOUNDATION BECAUSE OF ITS IMPLEMENTATION.

**Part XIV** Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 4B & SCHEDULE D, PART XIII, LINE 2D

DESCRIPTION OF RECONCILING ITEM

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)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.**

2008

**Open to Public Inspection**

Name of the organization

Employer identification number	
--------------------------------	--

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

<b>Part I</b>	<b>General Information on Activities Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.
---------------	---

- 1 **For grantmakers.** 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA	12	579	PROGRAM SERVICES	SEE SCHEDULE F PART IV	37,920,015.
SUB-SAHARAN AFRICA	12	579	GRANTMAKING		21,408,492.
SOUTH ASIA	NONE	NONE	GRANTMAKING		615,057.
EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		245,235.
<b>Totals</b>	24	1,158			60,188,799.

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) 2008

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐  
 Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .	194
3	Enter total number of other organizations or entities . . . . .	1



**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]

**Part IV****Supplemental Information**

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

SCHEDULE F PART IV - PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

THE FOUNDATION USES A MULTI-FACETED, RISK-BASED APPROACH FOR THE

MONITORING AND SUPPORT OF ITS GRANTEEES OVERSEAS. A PRE-AWARD ASSESSMENT

OF THE GRANTEE DETERMINES AN INITIAL RISK LEVEL FOR

FINANCIAL/ADMINISTRATIVE PERFORMANCE. BASED ON THE INITIAL RISK LEVEL,

AND SUBSEQUENT ON-SITE VISITS AND DOCUMENT REVIEWS, THE FOUNDATION

DECIDES THE NATURE AND FREQUENCY OF GRANTEE MONITORING AND THE LEVEL OF

CAPACITY BUILDING NEEDED. MONITORING AND SUPPORT ARE CONDUCTED BY BOTH

TECHNICAL STAFF AND OPERATIONS STAFF. TECHNICAL STAFF MONITOR AND HELP

IMPROVE PROGRAMMATIC RESULTS OF THE GRANTS. OPERATIONS STAFF - SUCH AS

CONTRACTS AND GRANTS AND FINANCE STAFF - AUDIT GRANTEEES' FINANCIAL

EXPENDITURES AND ADMINISTRATIVE SYSTEMS TO ENSURE THAT EXPENDITURES

CHARGED TO THE FOUNDATION'S FUNDS ARE ALLOWABLE, ALLOCABLE, AND

REASONABLE. IF NOT, THE COSTS ARE DISALLOWED BY THE FOUNDATION AND OTHER

CORRECTIVE ACTIONS TAKEN.

SCHEDULE F PART IV - PART I, LINE 3 (E)

SPECIFIC TYPE OF SERVICE IN REGION

PROVIDING PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND CARE AND

TREATMENT SERVICES TO CHILDREN AND FAMILIES AFFLICTED WITH HIV/AIDS AS

WELL AS MONITORING OF THE USE OF ALL GRANTS FUNDS SENT TO ORGANIZATIONS

IN SUB-SAHARAN AFRICA.

**Part IV Supplemental Information**

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

SCHEDULE F PART IV - PART II, LINE (D)

PURPOSE OF GRANT

THE PURPOSE OF ALL GRANTS TO ORGANIZATIONS LOCATED IN SUB-SAHARAN AFRICA,  
SOUTH ASIA, AND EAST ASIA AND THE PACIFIC IS TO FURTHER PMTCT AND/OR CARE  
AND TREATMENT SERVICES TO CHILDREN AND FAMILIES THROUGH DIRECT SUPPORT,  
CAPACITY BUILDING, AND RESEARCH.

SCHEDULE F PART IV - PART II, LINE (H)

DESCRIPTION OF NON-CASH ASSISTANCE

[ A ] - PHARMACEUTICALS

[ B ] - COMPUTER EQUIPMENT

[ C ] - MEDICAL AND HEALTH RELATED EQUIPMENT AND SUPPLIES

[ D ] - NON-CASH ASSISTANCE RELATED TO TECHNICAL TRAINING WORKSHOPS

[ E ] - MEDICAL &amp; HEALTH RELATED EQUIPMENT/SUPPLIES AS WELL AS VEHICLE

RELATED EXPENSES PURCHASED FOR THE SUB-RECIPIENT

[ F ] - MEDICAL AND HEALTH RELATED EQUIPMENT AND SUPPLIES AND/OR ELECTRICAL

GENERATORS

[ G ] - VEHICLE RELATED EXPENSES

[ H ] - MEDICAL AND HEALTH RELATED EQUIPMENT AND SUPPLIES AS WELL AS OFFICE

EQUIPMENT AND FURNITURE

**► Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.**

**Open to Public Inspection**

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

**Part I Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	13,946.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	31,591.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	804,682.	WIRE	29,660.	[A] PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	52,096.	WIRE	2,155.	[B] -PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	169,394.	WIRE	11,487.	[C] -PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	122,404.	WIRE	3,390.	[C] -PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	122,841.	WIRE	4,520.	[C] -PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	16,067.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	15,984.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	33,909.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	33,505.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	32,339.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	17,701.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	22,862.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	29,882.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	36,755.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	49,227.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	58,782.	WIRE	1,138.	[D] -PART IV	BOOK
			SOUTH ASIA	PART IV	60,092.	WIRE			

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	61,786.	WIRE	956.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	141,184.	WIRE	80,862.	[E]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	11,388.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	76,633.	WIRE	378.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	121,193.	WIRE	55,975.	[E]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	56,188.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	56,327.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	969,015.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	94,078.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	40,742.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	61,440.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	37,151.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	10,996.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	108,095.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	215,271.	WIRE	24,750.	[F]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	27,589.	WIRE			
			SOUTH ASIA	PART IV	145,750.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	18,897.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	35,612.	WIRE			

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	102,754.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	23,820.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	38,753.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	44,696.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	81,539.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	81,188.	WIRE	3,484.	[G]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	248,293.	WIRE	46,950.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	14,761.	WIRE	4,705.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	8,453.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	21,939.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	39,310.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	31,845.	WIRE	12,340.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	41,696.	WIRE	3,547.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	14,244.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	140,039.	WIRE	11,605.	[E]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	143,255.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	34,612.	WIRE	1,140.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	66,879.	WIRE	6,525.	[B]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	41,759.	WIRE			

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	115,443.	WIRE	66,767.	[H]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	115,079.	WIRE	9,445.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	26,654.	WIRE	15,978.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	10,411.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	36,056.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	140,207.	WIRE	2,719.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	111,583.	WIRE	88,713.	[E]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	61,692.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	16,982.	WIRE	11,777.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	42,422.	WIRE	12,927.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	312,273.	WIRE	3,484.	[G]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	36,175.	WIRE	3,381.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	16,604.	WIRE	11,220.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	126,704.	WIRE	3,484.	[G]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	93,017.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	38,763.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	109,510.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	16,020.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	127,196.	WIRE			



**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	266,383.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	242,925.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	18,889.	WIRE	5,676.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	231,869.	WIRE	7,605.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	38,648.	WIRE	19,866.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	230,067.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	84,447.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	19,851.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	20,589.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	22,374.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	275,000.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	70,795.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	22,763.	WIRE	10,619.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	81,923.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	104,613.	WIRE	7,430.	[B]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	61,611.	WIRE	110,793.	[H]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	63,774.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	94,342.	WIRE	22,600.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	99,835.	WIRE	757.	[D]-PART IV	BOOK

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	125,105.	WIRE	87,886.	[E]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	75,344.	WIRE	6,134.	[G]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	65,747.	WIRE	30,980.	[H]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	32,275.	WIRE	4,456.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	31,950.	WIRE	11,777.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	3,079,454.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	108,675.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	177,126.	WIRE	91,342.	[E]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	59,231.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	10,260.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	75,064.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	134,095.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	48,100.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	74,513.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	58,602.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	57,653.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	81,971.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	45,147.	WIRE	8,880.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	40,779.	WIRE	13,166.	[C]-PART IV	BOOK

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	20,026.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	60,767.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	49,833.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	772,015.	WIRE	73.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	96,470.	WIRE	50,399.	[H]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	64,192.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	128,073.	WIRE	71,838.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	77,635.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	57,051.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	28,856.	WIRE	4,883.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	14,993.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	81,764.	WIRE	3,542.	[B]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	50,596.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	33,436.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	96,944.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	21,248.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	274,836.	WIRE	8,004.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	95,916.	WIRE	57,521.	[F]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	212,189.	WIRE	7,161.	[B]-PART IV	BOOK

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	85,865.	WIRE	3,408.	[B]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	24,710.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	29,999.	WIRE	21,683.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	73,287.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	54,091.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	53,631.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	44,023.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	33,135.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	115,799.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	42,636.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	56,503.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	58,232.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	119,490.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	725,507.	WIRE	17,976.	[B]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	25,936.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	35,601.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	15,144.	WIRE			
			SOUTH ASIA	PART IV	147,522.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	71,658.	WIRE	956.	[D]-PART IV	BOOK

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	31,773.	WIRE	865.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	119,030.	WIRE	8,847.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	184,918.	WIRE	11,487.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	18,453.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	48,772.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	48,288.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	28,563.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	18,561.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	41,935.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	21,351.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	101,574.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	22,547.	WIRE	21,842.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	8,426.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	54,755.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	35,146.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	36,689.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	119,415.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	270,032.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	36,830.	WIRE			

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(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	PART IV	29,467.	WIRE	3,062.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	143,697.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	56,645.	WIRE	4,898.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	189,761.	WIRE	3,001.	[D]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	16,515.	WIRE	7,605.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	102,861.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	19,131.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	68,034.	WIRE			
			SOUTH ASIA	PART IV	261,693.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	238,900.	WIRE	3,484.	[B]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	180,701.	WIRE	4,520.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	56,764.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	19,629.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	17,379.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	53,215.	WIRE	34,546.	[C]-PART IV	BOOK
			SUB-SAHARAN AFRICA	PART IV	68,205.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	15,000.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	64,591.	WIRE			
			SUB-SAHARAN AFRICA	PART IV	149,380.	WIRE	4,520.	[C]-PART IV	BOOK

Schedule F-1 (Form 990) 2008

**Part II** Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

[illegible]





(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public  
Inspection**

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.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |          |                                     |                         |          |                                     |                                       |
|----------|-------------------------------------|-------------------------|----------|-------------------------------------|---------------------------------------|
| <b>a</b> | <input checked="" type="checkbox"/> | Mail solicitations      | <b>e</b> | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| <b>b</b> | <input checked="" type="checkbox"/> | Email solicitations     | <b>f</b> | <input checked="" type="checkbox"/> | Solicitation of government grants     |
| <b>c</b> | <input checked="" type="checkbox"/> | Phone solicitations     | <b>g</b> | <input checked="" type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input checked="" type="checkbox"/> | 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		X	58,901.	7,678.	51,223.
INNOVATIVE PHILANTHROPY	SPEC EVENT		X	3,470,756.	314,609.	3,156,147.
<b>Total . . . . . ►</b>				3,529,657.	322,287.	3,207,370.

**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, 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 (Add col. (a) through col. (c))
		KIDS/KIDS CARN (event type)	TIME FOR HEROES (event type)	2 (total number)	
Revenue	1 Gross receipts . . . . .	3,470,756.	1,183,753.	882,445.	5,536,954.
	2 Less: Charitable contributions . . . . .	1,970,856.	1,112,203.	756,425.	3,839,484.
	3 Gross revenue (line 1 minus line 2) . . . . .	1,499,900.	71,550.	126,020.	1,697,470.
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .	6,911.	26,042.	46,051.	79,004.
	6 Rent/facility costs . . . . .	454,494.	391,696.	110,800.	956,990.
	7 Other direct expenses . . . . .	35,635.	110,493.	250,962.	397,090.
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 1,433,084. )
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				264,386.

**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 . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	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 and 7 in column (d) . . . . .				
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			

		Yes	No
<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>	Provide the name and address of the person who prepares the organization's gaming/special event 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 ► \$ _____		

Department of the Treasury  
Internal Revenue Service

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
 ► **Attach to Form 990.**

OMB No. 1545-0047

2008

**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" on 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 . . . . .

[illegible]

- |   |  |   |    |
|---|--|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations . . . . . | ▶ | 20 |
| 3 | Enter total number of other organizations . . . . .                            | ▶ |    |

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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.

SCHEDULE I - PART IV

PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE

[ A ] TO FURTHER PMTCT AND/OR CARE AND TREATMENT SERVICES TO CHILDREN AND

FAMILIES IN SUB-SAHARAN AFRICA THROUGH DIRECT SUPPORT, CAPACITY BUILDING,

AND RESEARCH.

[ B ] TO ADDRESS BASIC AND PRE-CLINICAL RESEARCH RELEVANT TO PEDIATRIC HIV

VACCINE DESIGN AND DEVELOPMENT.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(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. LOS ANGELES, CA 90028	95-4112121	501(C)(3)	902,947.				A] PART IV
BAYLOR COL OF MED INTER PEDIATRIC AIDS INI ONE BAYLOR PLAZA HOUSTON, TX 77030	20-2951275	501(C)(3)	471,480.				A] PART IV
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501(C)(3)	200,000.				B] PART IV
BOARD OF WORLD MISSION OF THE MORAVIAN CHUR 1021 CENTER STREET BETHLEHEM, PA 18016	23-1445663	501(C)(3)	78,135.				A] PART IV
CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10011	13-5602319	501(C)(3)	64,807.				A] PART IV
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501(C)(3)	200,000.				B] PART IV
HEALTH ALLIANCE INTERNATIONAL 4534 11TH AVE. NE SEATTLE, WA 98105	94-3047981	501(C)(3)	46,413.				A] PART IV
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH NEW YORK, NY 10010	13-5562162	501(C)(3)	259,557.				A] PART IV
HOPE WORLDWIDE COTE D'IVOIRE 353 WEST LANCASTER AVE. WAYNE, PA 19087	91-1867491	501(C)(3)	443,763.				A] PART IV
J. F. KAPNEK CHARITABLE TRUST 936 DEWING AVENUE LAFAYETTE, CA 94549	23-7165692	501(C)(3)	850,934.	41,080.	BOOK	VEHICLE	A] PART IV
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	322,465.	78.	BOOK	TRAINING EXP	A] PART IV
MA GENERAL HOSPITAL(PARTNERS AIDS RESEARCH 149 13TH STREET CHARLESTOWN, MA 02129	04-1564655	501(C)(3)	200,000.				B] PART IV
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	22,360,764.				A] PART IV
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	413,899.				A] PART IV
UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CALIFORNIA STREET	94-6036493	501(C)(3)	1,117,818.				A] PART IV

**2** Enter total number of Section 501(c)(3) and government organizations . . . . . **20**

**3** Enter total number of other organizations . . . . .

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2008**

Department of the Treasury  
Internal Revenue Service

**► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number
--------------------------------

95-4191698

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

[illegible]

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

**3** Enter total number of other organizations .....

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I-1 (Form 990) 2008

**Part III** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

[illegible]



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► **Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

**Part I Questions Regarding Compensation**

**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 indemnification 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**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? . . . . .

**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 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:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- 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 must complete lines 5-8.**

**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? . . . . .
- b** Any related organization? . . . . .
- 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? . . . . .
- b** Any related organization? . . . . .
- 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 . . . . .

**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 . . . . .

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

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

Schedule J (Form 990) 2008

**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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III

SCHEDULE J PART I, QUESTION 1A - THE FOUNDATION PAYS FOR THE HOUSING OF

ALL OF ITS US EXPATRIATES AND THIRD-COUNTRY NATIONALS LIVING AND WORKING

IN SUB-SAHARAN AFRICA. ALL SUCH HOUSING BENEFITS WERE INCLUDED AS TAXABLE

INCOME FOR THE RECIPIENTS.

SCHEDULE J, PART I LINE 3

ALTHOUGH THE GOVERNING BODY OF THE FOUNDATION DID NOT HAVE A FORMAL

COMPENSATION COMMITTEE IN PLACE AT DECEMBER 31, 2008, THE BOARD OF

DIRECTORS CREATED ONE DURING 2009.

**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.

SCHEDULE J PART 1, QUESTION 4A

DURING 2008, THE FOUNDATION ENTERED INTO SEVERANCE AGREEMENTS WITH THE

FOLLOWING EMPLOYEES:

-DENISE DEVENNY, CHIEF FINANCIAL OFFICER - \$106,731

-ELLEN WARMING, COUNTRY DIRECTOR - MOZAMBIQUE - \$100,000

-DIANE THOMPSON, VP, PUBLIC POLICY AND COMMUNICATIONS - \$47,068

-SUZANNE MINK, VICE PRESIDENT, DEVELOPMENT - \$38,223

THE FOUR INDIVIDUALS LISTED ABOVE RECEIVED STANDARD SEVERANCE PAYMENTS

DURING THE YEAR BASED ON THE PERSON'S CURRENT SALARY AS WELL AS

ASSISTANCE WITH HEALTH, OTHER FRINGE BENEFITS AND ALLOWANCES

**SCHEDULE J-1  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Continuation Sheet for Schedule J (Form 990)**▶ **Attach to Form 990 to list additional information  
regarding compensation.**

OMB No. 1545-0047

**2008****Open to Public  
Inspection****Name of the organization**

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

**Employer identification number**

95-4191698

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(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 reportable compensation				
PAMELA BARNES	(i)	272,527.	NONE	21,532.	65,433.	8,220.	367,712.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLOS CARRAZANA	(i)	139,488.	10,000.	15,749.	4,865.	4,627.	174,729.	NONE
	(ii)							
DENISE DEVENNY	(i)	42,962.	NONE	111,942.	2,403.	1,541.	158,848.	NONE
	(ii)							
TRISH DEVINE KARLIN	(i)	174,675.	NONE	15,716.	9,524.	11,778.	211,693.	NONE
	(ii)							
RANDY FOWLER	(i)	127,800.	NONE	20,983.	7,481.	13,044.	169,308.	NONE
	(ii)							
STEPHEN LEE MD	(i)	168,275.	NONE	15,740.	9,156.	5,630.	198,801.	NONE
	(ii)							
SUZANNE MINK	(i)	155,531.	NONE	39,136.	NONE	3,620.	198,287.	NONE
	(ii)							
SARA PACQUE MARGOLIS	(i)	137,954.	NONE	15,820.	7,583.	1,211.	162,568.	NONE
	(ii)							
DIANE THOMPSON	(i)	117,504.	NONE	59,769.	66,156.	11,845.	255,274.	NONE
	(ii)							
TAMARA WARD DAHL	(i)	151,519.	NONE	15,856.	8,447.	13,321.	189,143.	NONE
	(ii)							
CATHERINE WILFERT MD	(i)	205,846.	NONE	1,557.	NONE	1,044.	208,447.	NONE
	(ii)							
DEBORAH CONNER	(i)	78,510.	NONE	77,100.	4,777.	8,615.	169,002.	NONE
	(ii)							
NANCY FITCH	(i)	100,869.	NONE	75,915.	6,152.	10,040.	192,976.	NONE
	(ii)							
WILLIAM SALMOND PHD	(i)	100,427.	NONE	88,856.	6,212.	13,177.	208,672.	NONE
	(ii)							
PETER SAVOSNICK	(i)	92,200.	NONE	72,038.	5,635.	7,051.	176,924.	NONE
	(ii)							
MAURICE ADAMS	(i)	153,105.	NONE	62,689.	6,624.	8,097.	230,515.	NONE
	(ii)							

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

Schedule J-1 (Form 990) 2008

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information regarding compensation.

2008

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

[illegible]

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

Schedule J-1 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer Identification number

95-4191698

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
PAMELA BARNES PRESIDENT AND CEO	40.	X		X				294,059.	NONE	73,653.
PAUL GLASER HONORARY BOARD CHAIRMAN	1.	X						NONE		NONE
DAVID KESSLER MD CHAIRMAN OF THE BOARD	1.	X						NONE		NONE
WILLOW BAY CO-VICE CHAIR OF THE BOARD	1.	X						NONE		NONE
BILL BELFIORE BOARD MEMBER	1.	X						NONE		NONE
PETER BENZIAN BOARD SECRETARY	1.	X						NONE		NONE
BOB BURKETT BOARD MEMBER	1.	X						NONE		NONE
MARK BURNETT BOARD MEMBER	1.	X						NONE		NONE
JEFF ELTON PHD BOARD MEMBER	1.	X						NONE		NONE
JENNIFER FOX BOARD MEMBER	1.	X						NONE		NONE
RUSS HAGEY CO-VICE CHAIR OF THE BOARD	1.	X						NONE		NONE
BRIAN HEIDTKE BOARD MEMBER	1.	X						NONE		NONE
ANNIE HILL BOARD MEMBER	1.	X						NONE		NONE
PAUL W JOHNSON BOARD MEMBER	1.	X						NONE		NONE
SCOTT I LONDON BOARD MEMBER	1.	X						NONE		NONE
JOSEPH MIKE MCCUNE MD PHD BOARD MEMBER	1.	X						NONE		NONE
STUART M PAPE BOARD MEMBER	1.	X						NONE		NONE
SUSIE ZEEGEN BOARD MEMBER	1.	X						NONE		NONE
BOBBI ZIFKIN BOARD MEMBER	1.	X						NONE		NONE
CARLOS CARRAZANA CHIEF OPERATING OFFICER	40.			X				165,237.		9,492.
DENISE DEVENNY VP, FINANCE AND CFO	40.			X				154,904.		3,944.

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule J-2 (Form 990) 2008**

JSA

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58139P 4757

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
NICK HELLMANN MD EXEC VP, MED & SCIENTIFIC AFF	40.			X				125,812.		4,244.
TRISH DEVINE KARLIN VP, PROGRAM IMPLEMENTATION	40.				X			190,391.		21,302.
STEPHEN LEE MD PROG DIR, PREVENTION SERVICES	40.				X			184,015.		14,786.
SUZANNE MINK VICE PRESIDENT, DEVELOPMENT	40.				X			194,667.		3,620.
DIANE THOMPSON VP, PUBLIC POLICY & COMMUN.	40.				X			177,273.		78,001.
TAMARA WARD DAHL VP, HUMAN RESOURCE	40.				X			167,375.		21,768.
CATHERINE WILFERT MD SENIOR TECHNICAL ADVISOR	40.				X			207,403.		1,044.
DEBORAH CONNER COUNTRY DIRECTOR, ZAMBIA	40.				X			155,610.		13,392.
NANCY FITCH CNTRY DIR, RWANDA/ MOZAMBIQUE	40.				X			176,784.		16,192.
WILLIAM SALMOND PHD COUNTRY DIRECTOR, UGANDA	40.				X			189,283.		19,389.
PETER SAVOSNICK COUNTRY DIRECOR, KENYA	40.				X			164,238.		12,686.
MAURICE ADAMS VP, COUNTRY MANAGEMENT	40.				X			215,794.		14,721.
ANJA GIPHART MD COUNTRY DIRECTOR, TANZANIA	40.				X			184,747.		23,449.
PATRICIA MBETU CNTRY DIR, ZIMBABWE / MALAWI	40.				X			153,810.		9,194.
ELLEN WARMING COUNTRY DIRECTOR, MOZAMBIQUE	40.				X			154,136.		2,938.
RANDY FOWLER INTERNAL AUDITOR	40.					X		148,783.		20,525.
SARA PACQUE MARGOLIS DIR, MONITORING & EVALUATION	40.					X		153,774.		8,794.
CATHRIEN ALONS KEHUS TECHNICAL DIRECTOR, MOZAMBIQUE	40.					X		161,609.		22,628.
ALEXANDRE BOON SR TECHNICAL ADVISOR	40.					X		159,932.		18,961.
DENIS TINDYEBWA MD REG. DIR PED CARE	40.					X		209,057.		17,150.

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

Schedule J-2 (Form 990) 2008



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Non-Cash Contributions

- To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

2008

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	2	52,867.	MRKT VALUE OF STOCK
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 ► ( STMT 9 ) . . . . .		31.	751,871.	
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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 NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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? . . . . .		X
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? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
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.		

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

Schedule M (Form 990) 2008

JSA

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58139P 4757

**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.

GIFT ACCEPTANCE POLICY

SCHEDULE M, QUESTION 31

ALTHOUGH THE FOUNDATION DID NOT HAVE AN OFFICIAL GIFT ACCEPTANCE POLICY

IN PLACE AS OF DECEMBER 31, 2008, THE FOUNDATION DEVELOPED AND THE BOARD

OF DIRECTORS APPROVED A FORMAL GIFT ACCEPTANCE POLICY IN 2009.

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 ONE OF THE FOUNDATION'S SPECIAL FUNDRAISING

EVENTS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

FORM 990, PART I, LINE 5

TOTAL NUMBER OF EMPLOYEES

ALTHOUGH THE FOUNDATION REPORTED 180 EMPLOYEES ON ITS FORM W-3,

TRANSMITTAL OF WAGE AND TAX STATEMENTS, THE FOUNDATION ALSO EMPLOYED 533

LOCAL NATIONAL EMPLOYEES IN AFRICA AS OF DECEMBER 31, 2008 FOR WHICH THE

FOUNDATION IS NOT REQUIRED TO FILE TAX STATEMENTS WITH THE UNITED STATES

GOVERNMENT.

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES

THE FOUNDATION'S OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S SUPPORT

OF THE GLASER PEDIATRIC RESEARCH NETWORK AS WELL AS THE FOUNDATION'S

COMMUNICATIONS, EDUCATION, AND OUTREACH EFFORTS.

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART VI, QUESTION 10

DESCRIBE THE PROCESS USED BY THE GOVERNING BODY TO REVIEW FORM 990

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.

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART VI, QUESTION 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

ALTHOUGH MEMBERS OF THE FOUNDATION'S GOVERNING BODY ARE ASKED TO SIGN A

STATEMENT REQUIRING THEM TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN

ANNUAL BASIS, FOUNDATION STAFF DO NOT SIGN SIMILAR STATEMENTS EACH YEAR.

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. IN

ADDITION, 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. BEGINNING IN 2009, ALL

EMPLOYEES WILL BE ASKED TO ANNUALLY SIGN A STATEMENT CERTIFYING THAT THEY

DO NOT HAVE ANY CONFLICTS OF INTEREST OR DISCLOSE SUCH CONFLICTS.

NON-RESPONSES WILL BE REVISITED BY APPROPRIATE MEMBERS OF MANAGEMENT.

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART VI, QUESTION 15A

PROCESS BY WHICH COMPENSATION FOR THE FND'S PRESIDENT &amp; CEO IS REVIEWED

IN ORDER TO DETERMINE THE COMPENSATION PACKAGE GIVEN TO THE FOUNDATION'S

CHIEF EXECUTIVE OFFICER, THE FOUNDATION ENGAGED 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. BASED ON THAT DATA, THE FOUNDATION'S

BOARD OF DIRECTORS, A BODY COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT

OF INTEREST WITH RESPECT TO THE ARRANGEMENT, MET IN EXECUTIVE SESSION TO

DISCUSS THE COMPENSATION PACKAGE TO BE GIVEN TO THE FOUNDATION'S CHIEF

EXECUTIVE OFFICER. DOCUMENTATION SUPPORTING THE DECISION THAT WAS MADE

WAS MAINTAINED BY THE FOUNDATION'S VICE PRESIDENT OF HUMAN RESOURCES.

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART VI, QUESTION 15B

DESCRIBE THE PROCESS BY WHICH COMPENSATION FOR THE FND' S OTHER

OFFICER/KEY EMPLOYEES IS REVIEWED:

IN ORDER TO DETERMINE THE COMPENSATION PACKAGES GIVEN TO THE FOUNDATION' S

OFFICERS AND KEY EMPLOYEES, THE FOUNDATION ENGAGED 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. SALARIES FOR NEW HIRES AND FOR CONTINUING

EMPLOYEES ARE ADJUSTED AS NECESSARY BASED ON THE MOST RECENTLY AVAILABLE

BENCHMARK DATA. BASED ON THAT DATA, THE FOUNDATION' S VICE PRESIDENT OF

HUMAN RESOURCES AND OTHER MEMBERS OF MANAGEMENT AS NECESSARY, PERSONS WHO

DID NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION

PACKAGES GIVEN TO THE OFFICERS AND KEY EMPLOYEES THAT THEY SUPERVISE,

AGREED UPON THE APPROPRIATE COMPENSATION PACKAGE. DOCUMENTATION

SUPPORTING COMPENSATION DECISIONS IS MAINTAINED BY THE FOUNDATION' S HUMAN

RESOURCES DEPARTMENT.

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART VI, QUESTION 19

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, &amp; FIN STMTS TO GEN PUBLIC

THE FOUNDATION MAKES ITS ANNUAL, AUDITED FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC ON ITS WEBSITE, [HTTP://WWW.PEDAIDS.ORG](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.



Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART V LINE 4B

FOREIGN COUNTRY LIST - CONTINUED

KENYA

Name of the organization

Employer identification number

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART XI LINE 2B

FINANCIAL STATEMENTS AUDITED BY AN INDEPENDANT ACCOUNTANT

ALTHOUGH THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED

BY AN INDEPENDENT ACCOUNTANT, WHO ISSUED AN UNQUALIFIED OPINION ON THOSE

FINANCIAL STATEMENTS, THE FOUNDATION DID NOT OBTAIN A STAND-ALONE AUDIT

FOR THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION FOR THE YEAR ENDED

DECEMBER 31, 2008.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization	Employer identification number
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	95-4191698

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GLASER PEDIATRIC RESEARCH NETWORK 95-4795884 1140 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	RESEARCH	DC	501( C ) 3	NON-PRI VATE	EGPAF
ELIZABETH GLASER PEDIATRIC RESEARCH FOUN 95-4795883 1140 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	RESEARCH	DC	501( C ) 3	NON-PRI VATE	EGPAF
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**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	X
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1) ELIZABETH GLASER PEDIATRIC RESEARCH FOUND	B	721,424.
(2) GLASER PEDIATRIC RESEARCH NETWORK	B	720,550.
(3)		
(4)		
(5)		
(6)		

## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2008

FORM 990, PART III, LINE 1 - 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, ADVOCAY EFFORTS, AND  
RAPIDLY EXPANDING INTERNATIONAL PREVENTION AND TREATMENT PROGRAMS ARE  
BRINGING DRAMATIC CHANGES TO THE LIVES OF CHILDREN WORLDWIDE.

## FORM 990, PART III - PROGRAM SERVICES

## 4A PROGRAM SERVICE

## INTERNATIONAL FAMILY AIDS INITIATIVE

THE FOUNDATION'S INTERNATIONAL FAMILY AIDS INITIATIVES OFFER A FULL RANGE OF HIV PREVENTION, CARE, AND TREATMENT PROGRAMS. WITH THE ULTIMATE GOAL OF CREATING A GENERATION FREE OF HIV, WE ARE EXPANDING SERVICES TO PREVENT MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV AND TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES RECEIVING TREATMENT FOR HIV AND AIDS IN THE COUNTRIES AROUND THE WORLD HARDEST HIT BY THE EPIDEMIC. AS OF DECEMBER 31, 2008, THE FOUNDATION SUPPORTS MORE THAN 3,700 SITES WORLDWIDE, AND HAS PROVIDED PMTCT SERVICES TO NEARLY 7 MILLION WOMEN. THE FOUNDATION HAS ALSO ENROLLED MORE THAN 620,000 INDIVIDUALS, INCLUDING MORE THAN 51,000 CHILDREN, INTO HIV CARE AND TREATMENT PROGRAMS.

## 4B PROGRAM SERVICE

## RESEARCH PROGRAMS:

THE GROUNDBREAKING RESULTS OF THE FOUNDATION'S RESEARCH CONTRIBUTE TO CONTINUED ADVANCES IN IMPLEMENTATION OF HIV/AIDS PROGRAMS AND SERVICES IN THE UNITED STATES AND AROUND THE WORLD. AREAS OF FOCUS INCLUDE ENSURING THAT CHILDREN WILL HAVE ACCESS TO THE BEST MEDICAL TREATMENTS AVAILABLE, SUPPORTING THE DEVELOPMENT OF A SAFE AND EFFECTIVE PEDIATRIC HIV VACCINE, ASSESSING THE LONG-TERM EFFECTS OF HIV AND AIDS MEDICINES ON CHILDREN, AND INCREASING THE EFFECTIVENESS OF KEY HIV/AIDS PROGRAMS IN THE FIELD. THE FOUNDATION'S LARGEST AND LONGEST-RUNNING AWARDS - THE ELIZABETH GLASER SCIENTIST AND INTERNATIONAL LEADERSHIP AWARDS - HAVE PROVIDED MORE THAN \$29 MILLION TO 48 SCIENTISTS AROUND THE WORLD SINCE THEIR INCEPTION IN 2002. WITH NEARLY \$20 MILLION IN GRANTS FROM THE BILL AND MELINDA GATES FOUNDATION, THE FOUNDATION INITIATED AN OPERATIONS RESEARCH PROGRAM IN 2007, AND A PEDIATRIC HIV VACCINE RESEARCH PROGRAM IN 2008.

## 4C PROGRAM SERVICE

## ADVOCACY:

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION MAINTAINS A ROBUST ADVOCACY AGENDA, BOTH IN THE UNITED STATES AND GLOBALLY. THROUGH EDUCATION AND OUTREACH, THE ADVOCACY STAFF WORKS WITH THE U.S.



## FORM 990, PART III - PROGRAM SERVICES

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CONGRESS AND U.S. GOVERNMENTAL AGENCIES, INCLUDING THE OFFICE OF THE GLOBAL AIDS COORDINATOR, TO MAINTAIN AND EXPAND U.S. SUPPORT FOR FOUNDATION PRIORITIES SECURED DURING THE 2008 REAUTHORIZATION OF THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR). WE EXERCISE LEADERSHIP ON RELATED DOMESTIC ISSUES, INCLUDING THE DEVELOPMENT OF A NATIONAL AIDS STRATEGY, RYAN WHITE REAUTHORIZATION, AND ENHANCED PEDIATRIC AIDS RESEARCH, AND ADVOCATE DURING THE FEDERAL APPROPRIATIONS PROCESS FOR INCREASED FUNDING FOR DOMESTIC AND GLOBAL HIV/AIDS PROGRAMS AND THE BROADER FOREIGN AFFAIRS BUDGET. GLOBALLY, WE BUILD ON FOUNDATION EXPERTISE, RELATIONSHIPS, AND RESOURCES TO SUPPORT COUNTRY PROGRAMS IN PURSUING ADVOCACY AND COMMUNICATIONS STRATEGIES WHICH PROMOTE EXPANSION OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) PROGRAMS AND PEDIATRIC CARE AND TREATMENT SERVICES.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES  
=====

TANZANIA  
COTE D'IVOIRE (IVORY COAST)  
SOUTH AFRICA  
UGANDA  
RWANDA  
LESOTHO  
SWAZILAND  
ZAMBIA  
ZIMBABWE  
MOZAMBIQUE

FORM 990, PART VI, LINE 17 - STATES  
=====

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,

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
ACUMEN SOLUTIONS INC 8614 WESTWOOD CENTER DRIVE VIENNA, VA 22182	SYSTEMS CONSULTING	1,899,065.
GPC SYSTEMS 2108B GALLOWS RD VIENNA, VA 22182	SYSTEMS CONSULTING	349,100.
PARTY PLANNERS WEST INC 5440 MCCONNELL AVENUE LOS ANGELES, CA 90066	EVENT PROD AND PLAN	332,459.
DALZELL PRODUCTION 100 GRAND ST, 5TH FLOOR NEW YORK, NY 10013	EVENT PROD AND PLAN	454,495.
INNOVATIVE PHILANTHROPY 5 HANOVER SQUARE NEW YORK, NY 10004	PROF FUNDRAISER	314,609.
	TOTAL COMPENSATION	----- 3,349,728. =====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION -----	AMOUNT -----
KIDS FOR KIDS CARNIVAL	1,970,856.
A TIME FOR HEROES	1,112,203.
ALL OTHER EVENTS	756,425.
	-----
TOTAL	3,839,484.
	=====

## FORM 990, PART VIII - FUNDRAISING EVENTS

=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
KIDS FOR KIDS CARNIVAL	1,499,900.	497,040.	1,002,860.
A TIME FOR HEROES	71,550.	528,231.	-456,681.
ALL OTHER EVENTS	126,020.	407,813.	-281,793.
	-----	-----	-----
TOTALS	1,697,470.	1,433,084.	264,386.
	=====	=====	=====

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

=====

DESCRIPTION -----	( A ) CHECK -----	( B ) NUMBER OF CONTRIBUTIONS -----	( C ) REVENUES REPORTED -----	( D ) METHOD OF DETERMINING -----
FOOD ITEMS FOR SPECIAL EVENTS	X	8	14,209.	COST/SELLING PRICE
TOYS, GIFTS CARDS, ETC. DISTRIBUTED AT EVENTS	X	21	549,457.	COST/SELLING PRICE
AIRLINE VOUCHERS	X	1	95,066.	COST/SELLING PRICE
AIRLINE MILES	X	1	93,139.	COST/SELLING PRICE
 TOTALS		 ----- 31.	 ----- 751,871.	
		=====	=====	