

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)

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 2006, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or pnnt or type See Specific Instructions	C Name of organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION Number and street (or P O box if mail is not delivered to street address) Room/suite 1140 CONNECTICUT AVENUE 200 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036	D Employer identification number 95-4191698 E Telephone number (202) 296-9165 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list See instructions) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website ▶ WWW.PEDAIDS.ORG

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

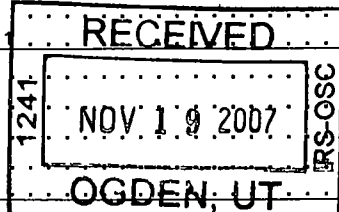
I Group Exemption Number ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 84,567,901.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

	1	Contributions, gifts, grants, and similar amounts received	
	a	Contributions to donor advised funds	1a
	b	Direct public support (not included on line 1a)	1b 11,079,074.
	c	Indirect public support (not included on line 1a)	1c 914,068.
	d	Government contributions (grants) (not included on line 1a)	1d
	e	Total (add lines 1a through 1d) (cash \$ 11,615,068. noncash \$ 378,074.)	1e 11,993,142.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 70,301,103.
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4
	5	Dividends and interest from securities	5 365,648.
	6a	Gross rents	6a
	6b	Less rental expenses	6b
	6c	Net rental income or (loss) Subtract line 6b from line 6a	6c
	7	Other investment income (describe ▶)	7
	8a	Gross amount from sales of assets other than inventory	8a
		(A) Securities 30,713.	
		(B) Other	
	b	Less cost or other basis and sales expenses	8b 28,275.
	c	Gain or (loss) (attach schedule)	8c 2,438.
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d 2,438.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	
	a	Gross revenue (not including \$ 3,480,933. of STMT 6 contributions reported on line 1b)	9a 1,827,457.
	b	Less direct expenses other than fundraising expenses	9b 1,254,426.
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c 573,031.
	10a	Gross sales of inventory, less returns and allowances	10a
	b	Less cost of goods sold	10b
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c
	11	Other revenue (from Part VII, line 103)	11 49,838.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12 83,285,200.
	13	Program services (from line 44, column (B))	13 79,368,954.
	14	Management and general (from line 44, column (C))	14 481,250.
	15	Fundraising (from line 44, column (D))	15 2,118,835.
	16	Payments to affiliates (attach schedule)	16
	17	Total expenses. Add lines 16 and 44, column (A)	17 81,969,039.
	18	Excess or (deficit) for the year Subtract line 17 from line 12	18 1,316,161.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 9,005,185.
	20	Other changes in net assets or fund balances (attach explanation) STMT 8	20 40,705.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21 10,362,051.



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

Form 990 (2006)

G17

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a 532,676.		532,676.	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 10,324,716.	7,718,451.	1,849,918.	756,347.
27 Pension plan contributions not included on lines 25a, b, and c	27 205,758.		205,758.	
28 Employee benefits not included on lines 25a - 27	28 1,285,060.	1,017,298.	189,648.	78,114.
29 Payroll taxes	29 3,394,004.	2,686,810.	500,884.	206,310.
30 Professional fundraising fees	30 224,600.			224,600.
31 Accounting fees	31 259,255.	58,200.	201,055.	
32 Legal fees	32 71,026.	64,296.	6,730.	
33 Supplies	33			
34 Telephone	34 339,893.	241,164.	91,887.	6,842.
35 Postage and shipping	35 142,079.	90,625.	37,719.	13,735.
36 Occupancy	36 1,310,405.	528,439.	781,020.	946.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 76,032.	42,226.		33,806.
39 Travel	39 2,048,590.	1,834,768.	162,343.	51,479.
40 Conferences, conventions, and meetings	40 1,549,898.	1,514,548.	30,416.	4,934.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 108,591.	3,988.	104,603.	
43 Other expenses not covered above (itemize)				
a STMT 9	43a 60,096,456.	63,568,141.	-4,213,407.	741,722.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 81,969,039.	79,368,954.	481,250.	2,118,835.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	10,401,143.	45	10,082,921.	
	46 Savings and temporary cash investments	3,945,854.	46	NONE	
	47a Accounts receivable	1,848,693.			
	b Less allowance for doubtful accounts		47c	1,848,693.	
	48a Pledges receivable	1,774,925.			
	b Less allowance for doubtful accounts		48c	1,774,925.	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	STMT. 18.	8,808,493.	53	5,599,583.
	54a Investments - publicly-traded securities	STMT. 19 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	20,149.	54a	33,277.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment basis					
b Less accumulated depreciation (attach schedule)			55c		
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis					
b Less accumulated depreciation (attach schedule)		981,685.	57c	825,794.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 20)		5,128,320.	58	6,567,272.	
59 Total assets (must equal line 74) Add lines 45 through 58		30,506,489.	59	26,732,465.	
Liabilities	60 Accounts payable and accrued expenses	2,511,053.	60	2,448,932.	
	61 Grants payable	11,535,597.	61	8,871,115.	
	62 Deferred revenue	STMT. 21.	7,247,583.	62	4,821,277.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT. 22)		207,071.	65	229,090.
66 Total liabilities. Add lines 60 through 65		21,501,304.	66	16,370,414.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		1,306,349.	67	1,905,159.
	68 Temporarily restricted		7,608,861.	68	8,366,434.
	69 Permanently restricted		89,975.	69	90,458.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		9,005,185.	73	10,362,051.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		30,506,489.	74	26,732,465.	

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b 39,127.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90a	List the states with which a copy of this return is filed ▶ CA,		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	89	
91a	The books are in care of ▶ DENISE DEVENNY Telephone no ▶ (202) 296-9185		
	Located at ▶ 1140 CONNETICUT AVE NW, WASHINGTON, DC ZIP + 4 ▶ 20036		
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)?	X	
	If "Yes," enter the name of the foreign country ▶ VARIOUS COUNTRIES - SEE STATEMENT 1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ VARIOUS COUNTRIES - SEE STATEMENT 1
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 31					70,301,103.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	365,648.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,438.	
101 Net income or (loss) from special events			01	573,031.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b ROYALTY INCOME			01	47,293.	
c MISCELLANEOUS			01	2,545.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				990,955.	70,301,103.
105 Total (add line 104, columns (B), (D), and (E))					71,292,058.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	GOVERNMENT FUNDING OF THE ORGANIZATION'S INTERNATIONAL FAMILY AIDS/HIV PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				X	
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a SEE STATEMENT 32					
b					
c					
Totals			5,268,390.		

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					X
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			X

Please Sign Here

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

Signature of officer: *Devin Devenny* Date: *11/14/07*

Type or print name and title: *Devin Devenny, VP Finance + CFO*

Paid Preparer's Use Only

Preparer's signature: *Susan Dull* Date: *11/8/2007* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *ERNST & YOUNG U.S. LLP*
P.O. BOX 10647, FEDERAL STATION
GREENVILLE, SC 29603

Preparer's SSN or PTIN (See Gen Inst X): *P00233523*
 EIN: *34-6565596*
 Phone no: *864/242-5740*

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Employer identification number

95-4191698

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 33				
Total number of other employees paid over \$50,000 . . ▶	58			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 34		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 35		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>7,165.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V . .	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) STMT 36	X	
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
d Enter the total number of donor advised funds owned at the end of the tax year ► <u>NONE</u>		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ► <u>NONE</u>		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc., 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 by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	11,067,930.	10,975,120.	11,263,120.	10,585,413.	43,891,583.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	54,800,224.	9,451,545.	9,048,514.	696,233.	73,996,516.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	175,140.	211,943.	539,452.	592,635.	1,519,170.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 37 86,302.				86,302.
23 Total of lines 15 through 22	66,129,596.	20,638,608.	20,851,086.	11,874,281.	119,493,571.
24 Line 23 minus line 17.	11,329,372.	11,187,063.	11,802,572.	11,178,048.	45,497,055.
25 Enter 1% of line 23.	661,296.	206,386.	208,511.	118,743.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 909,941.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 6,262,223.
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 45,497,055.
	d Add Amounts from column (e) for lines 18 1,519,170. 19 _____ 22 86,302. 26b 6,262,223.				26d 7,867,695.
	e Public support (line 26c minus line 26d total)				26e 37,629,360.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 82.7072 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____				
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____				
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c _____
	d Add Line 27a total, _____ and line 27b total, _____				27d _____
	e Public support (line 27c total minus line 27d total)				27e _____
	f Total support for section 509(a)(2) test Enter amount from line 23, column (e)				27f _____
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g _____ %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h _____ %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	7,165.
38	Total lobbying expenditures (add lines 36 and 37)	38	7,165.
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	7,165.
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41	1,433.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	358.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	5,732.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	887,390.	3,887,390.
46	Lobbying ceiling amount (150% of line 45(e)) . . .					5,831,085.
47	Total lobbying expenditures	7,165.	669,907.	879,959.	673,479.	2,230,510.
48	Grassroots nontaxable amount	250,000.	250,000.	250,000.	221,848.	971,848.
49	Grassroots ceiling amount (150% of line 48(e)) . . .					1,457,772.
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		Yes	No	Amount
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, PART VI, LINES 91B AND 91C

COUNTRIES IN WHICH THE ORGANIZATION MAINTAINS BOTH A PRESENCE AND
OPERATING BANK ACCOUNTS ARE:

COTE D IVOIRE
KENYA
MOZAMBIQUE
RWANDA
SOUTH AFRICA
SWAZILAND
TANZANIA
UGANDA
ZAMBIA
ZIMBABWE

THE ORGANIZATION IS CURRENT IN ITS FILINGS OF THE ANNUAL TD F 90-22.1.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FORM 990, PART I, LINE 8 - GAIN OR LOSS ON SALE OF ASSETS

DESCRIPTION:

(A) SECURITIES	PROCEEDS	COST	GAIN (LOSS)
-----	-----	----	-----
PUBLICLY TRADED SECURITIES	30,713.	28,275.	2,438.

NET GAIN/(LOSS)			2,438. =====

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, PART II, LINE 42 - DEPRECIATION EXPENSE

DESCRIPTION: -----	AMOUNT -----
DEPRECIATION EXPENSE	108,591.

TOTAL DEPRECIATION EXPENSE	108,591.

DEPRECIATION WAS CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE USEFUL LIFE OF THE ASSETS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, PART IV - BALANCE SHEET

DESCRIPTION:

DURING 2006, THE FOUNDATION DISCOVERED TRUST AGREEMENTS RELATING TO IRREVOCABLE TRUSTS RECEIVED FROM FISCAL YEARS 1994 TO 2005 DESIGNATING THE FOUNDATION AS THE BENEFICIARY. IN ACCORDANCE WITH SFAS 116, THE BENEFICIAL INTEREST IN THESE CHARITABLE REMAINDER AND PERPETUAL TRUSTS ARE TO BE RECORDED AT THE ESTIMATED NET PRESENT VALUE OF THE EXPECTED FUTURE BENEFITS TO BE RECEIVED WHEN THE TRUST ASSETS ARE DISTRIBUTED. ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS OF THE FOUNDATION FOR THE YEAR ENDED DECEMBER 31, 2005 HAVE BEEN RESTATED TO APPROPRIATELY ACCOUNT FOR THE FOUNDATION'S BENEFICIAL INTEREST IN THESE IRREVOCABLE TRUSTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, PART IV, LINE 57 - LAND, BUILDINGS, AND EQUIPMENT

DESCRIPTION: -----	AMOUNT -----
FURNITURE AND FIXTURES	596,327.
COMPUTERS AND EQUIPMENT	812,763.
AUTOMOBILE	57,197.
LEASEHOLD AND TENANT IMPROVEMENTS	341,192.

	1,807,479.
LESS ACCUMULATED DEPRECIATION	-981,685.

NET LAND, BUILDINGS, AND LAND	825,794.
	=====

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

DESCRIPTION -----	AMOUNT -----
	993,125.
	1,303,031.
	381,045.
	522,245.
	281,487.

TOTAL	3,480,933. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
A TIME FOR HEROES	253,389.	487,983.	-234,594.
KIDS FOR KIDS	814,150.	421,904.	392,246.
GOLF TOURNAMENT	428,976.	161,099.	267,877.
KIDS 101			
OTHERS	330,942.	183,440.	147,502.
TOTALS	1,827,457.	1,254,426.	573,031.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
CONTRIBUTED SERVICES - REVENUE	39,127.
UNREALIZED GAIN ON INVESTMENTS	1,578.

TOTAL	40,705.
	=====

FORM 990, PART II - OTHER EXPENSES
=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PENALTIES FINES JUDGMENTS	14,097.		14,097.	
INSURANCE - BUS LIABILITY	266,506.	148,077.	118,429.	
OFFICE EXPENSES	3,613,468.	2,663,661.	773,373.	176,434.
CONTRACT AND PROF SERVICES	4,532,139.	2,666,137.	1,555,990.	310,012.
REPAIRS AND MAINTENANCE	332,875.	260,255.	72,620.	
REIMBURSIBLE SUBAGREEMENTS	50,297,067.	50,297,067.		
OTHER PROGRAM SERVICES	1,040,304.	1,040,304.		
INDIRECT COST ALLOCATION		6,492,640.	-6,747,916.	255,276.
TOTALS	60,096,456.	63,568,141.	-4,213,407.	741,722.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PREVENT AND ERADICATE PEDIATRIC AIDS

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION
95-4191698
FORM 990, PART III - STATEMENT OF ACTIVITIES

DESCRIPTION OF EXEMPT PURPOSE:

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION IDENTIFIES FUNDS AND CONDUCTS CRITICAL PEDIATRIC RESEARCH FOR CHILDREN WITH HIV/AIDS AND OTHER SERIOUS LIFE THREATENING DISEASES. THE FOUNDATION'S GOALS ARE TO PREVENT TRANSMISSION OF HIV FROM MOTHER TO INFANT, TO IMPROVE THE LIVES OF CHILDREN WITH HIV/AIDS AND OTHER LIFE THREATENING DISEASES TO ENSURE THAT CHILDREN ARE AT THE FOREFRONT OF EVERY SCIENTIFIC BREAKTHROUGH.

HISTORY:

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION WAS CO-FOUNDED BY ELIZABETH GLASER, SUSAN DELAURENTIS AND SUZIE ZEEGEN IN 1988. AS MOTHERS, THE THREE FRIENDS WERE COMPELLED TO TAKE ACTION AFTER ELIZABETH AND HER HUSBAND, PAUL, DISCOVERED THAT SHE, THEIR DAUGHTER ARIEL AND SON JAKE WERE HIV-INFECTED. AT THE TIME, IT WAS NOT YET WIDELY KNOWN THAT HIV/AIDS WAS AFFECTING CHILDREN, SO THE ISSUES PERTAINING TO THEM WERE NOT CLEARLY UNDERSTOOD. WHETHER THEY WERE TALKING TO LAWMAKERS OR RESEARCHERS, SCHOOL ADMINISTRATORS OR NEIGHBORS, ELIZABETH, SUSAN AND SUSIE LEARNED OF THE NEED FOR EDUCATION AND COMPASSION, BUT ALSO FOUND THAT RESEARCH MONEY WAS DESPERATELY NEEDED. THEIR MISSION WAS CLEAR - TO GET MONEY INTO THE HANDS OF RESEARCHERS AS QUICKLY AS POSSIBLE TO FIND ANSWERS FOR CHILDREN INFECTED WITH HIV.

WHAT BEGAN AT A KITCHEN TABLE IS NOW THE LEADING NON-PROFIT ORGANIZATION FOCUSED ON PEDIATRIC HIV/AIDS AND NOW OTHER SERIOUS AND LIFE-THREATENING PEDIATRIC ILLNESSES. TODAY, THERE IS AN ENTIRE COMMUNITY OF THE HIGHEST CALIBER RESEARCHERS FOCUSING ON THE UNIQUE NEEDS OF CHILDREN. FEWER CHILDREN ARE BORN WITH HIV, AND CHILDREN WITH HIV INFECTION ARE LIVING LONGER AND HEALTHIER LIVES. MORE DRUGS ARE BEING TESTED FOR SAFE AND EFFECTIVE USE IN

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

CHILDREN. IN EVERY AREA OF THE FEDERAL GOVERNMENT, FROM RESEARCH PRIORITIES AT THE NATIONAL INSTITUTES OF HEALTH, TO THE HALLS OF CONGRESS, CHILDREN ARE NO LONGER FORGOTTEN.

PROGRAMS:

1. HIV/AIDS RESEARCH PROGRAMS

SINCE ITS INCEPTION, THE FOUNDATION HAS BEEN FUNDING GROUND-BREAKING RESEARCH IN THE FIELD OF PEDIATRIC HIV/AIDS WITH THE HOPE THAT ONE DAY WE CAN END THIS HORRIBLE PANDEMIC. THE ORGANIZATION FOCUSES ON URGENT AND INNOVATIVE PROJECTS THAT ARE NOT SUPPORTED ELSEWHERE, BRINGING VIGOROUS MINDS TOGETHER IN COLLABORATION, AND SERVE AS THE VOICE FOR CHILDREN IN THE MEDICAL AND RESEARCH COMMUNITY.

THE GROWTH OF THE FOUNDATION WOULD NOT HAVE BEEN POSSIBLE WITHOUT A LONGSTANDING COMMITMENT TO BASIC RESEARCH, AND ITS COMMITMENT WILL NOT WAIVER UNTIL IT HAS REACHED THE GOAL OF ERADICATING PEDIATRIC AIDS. DRIVEN BY THE SPIRIT OF COLLABORATION, THE ORGANIZATION STRIVES TO FIND MORE EFFECTIVE TREATMENTS TO:

- " SLOW HIV IN INFECTED CHILDREN;
- " PREVENT NEW INFECTIONS;
- " DEVELOP A PREVENTATIVE VACCINE; AND
- " ULTIMATELY FIND A CURE FOR HIV/AIDS.

LEADERSHIP DEVELOPMENT:

ELIZABETH GLASER SCIENTIST AWARD:

THE FOUNDATION'S HIGHEST AWARD IS THE ELIZABETH GLASER SCIENTIST AWARD, AN INVESTMENT IN THE MOST PROMISING HIV/AIDS RESEARCHERS AT A CRITICAL STAGE IN THEIR CAREERS. THESE SCIENTISTS REPRESENT THE BEST AND BRIGHTEST INVESTIGATORS FROM THE INTERNATIONAL MEDICAL SCIENCE COMMUNITY, AND ARE SELECTED ON THE BASIS OF THEIR KNOWLEDGE, INNOVATION, AND DEDICATION. BY PROVIDING UP TO \$700,000 IN RESEARCH FUNDING OVER A FIVE-YEAR PERIOD, THIS AWARD ENABLES RECIPIENTS TO FOCUS THEIR LONG-TERM EFFORTS ON ISSUES SPECIFIC TO PEDIATRIC HIV/AIDS.

THE ELIZABETH GLASER SCIENTIST AWARD FOSTERS AN

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

UNPRECEDENTED SPIRIT OF COLLABORATION AMONG THESE SCIENTISTS. EACH YEAR, THE ELIZABETH GLASER SCIENTISTS COME TOGETHER WITH OUR INTERNATIONALLY RENOWNED ADVISORY BOARD TO STIMULATE IDEAS, REPORT ON CURRENT PROGRAMS, AND PLAN COLLABORATIVE RESEARCH. SINCE THE PROGRAM'S INCEPTION IN 1996, THE FOUNDATION HAS BUILT AN INVALUABLE NETWORK OF SCIENTISTS WHOSE WORK IN VACCINE DEVELOPMENT, IMMUNE RESPONSE, BREAST MILK TRANSMISSION, AND OTHER CRITICAL AREAS IMPACT THE ENTIRE FIELD OF HIV/AIDS RESEARCH.

2006 COST: \$1,352,861

INTERNATIONAL LEADERSHIP AWARD:

MOST RESEARCHERS IN THE DEVELOPING WORLD ARE EDUCATED AND INITIALLY TRAINED IN DEVELOPED NATIONS, BUT WHEN THEY RETURN TO THEIR OWN COUNTRIES THERE ARE VERY FEW RESOURCES OR ESTABLISHED PROGRAMS AVAILABLE TO HELP THEM PUT THEIR NEW SKILLS TO USE. INITIATED IN 2002, THE INTERNATIONAL LEADERSHIP AWARD (ILA) PROGRAM IS FILLING A CRITICAL GAP IN THE DEVELOPMENT OF RESEARCH LEADERS IN RESOURCE-POOR COUNTRIES THAT ARE WORKING TO ERADICATE PEDIATRIC AIDS.

2. BASIC RESEARCH GRANTS

THIS THREE-YEAR, \$450,000 GRANT IS A CORE COMPONENT OF THE FOUNDATION'S CALL TO ACTION PROJECT, AND HAS EXPANDED IN SCOPE THIS YEAR TO FOCUS ON CARE AND SUPPORT SERVICES FOR CHILDREN, MOTHERS AND ENTIRE FAMILIES. COLLABORATION HAS ALWAYS BEEN A CORNERSTONE OF THE FOUNDATION PROGRAMS, AND THE ILA AWARD CONTINUES THIS TRADITION.

CANDIDATES MAY APPLY FOR SUPPORT TO CREATE EFFECTIVE PEDIATRIC HIV/AIDS RESEARCH AND IMPLEMENTATION PROGRAMS INCLUDING THOSE ADDRESSING:

- " EPIDEMIOLOGY;
- " PREVENTION OF MOTHER-TO-CHILD TRANSMISSION;
- " TREATMENT OF INFECTED MOTHERS AND INFANTS;
- " DEVELOPMENT OF NATIONAL POLICIES OR STRATEGIES TO COMBAT PEDIATRIC HIV;
- " ASSESSMENT OF THE ECONOMIC IMPACT OF DISEASE AND ITS PREVENTION; OR
- " TRAINING OF ADDITIONAL IN-COUNTRY AND REGIONAL SCIENTISTS.

AWARD RECIPIENTS WILL BE ASKED TO MENTOR A MINIMUM OF THREE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

ADDITIONAL PEOPLE WHO WOULD BENEFIT FROM THE EXPERIENCE AND COULD HELP THEM ACHIEVE THEIR GOALS. THESE ARE INDIVIDUALS WHO WOULD BE HIRED AND TRAINED TO WORK ON THE PROJECT PROPOSED BY THE APPLICANT.

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION HOPES THAT THIS PROGRAM WILL FOSTER THE NEXT GENERATION OF LEADERS WHO WILL THEN SUCCEED IN ESTABLISHING PROGRAMS THAT CHANGE THE PEDIATRIC HIV EPIDEMIC IN THEIR COUNTRY.

2006 COST: \$100,000

TRAINING/CAPACITY BUILDING:

SCHOLAR AWARDS:

THE SCHOLAR AWARDS ARE POSTDOCTORAL FELLOWSHIPS THAT PROVIDE TWO YEARS OF SALARY SUPPORT, PLUS SUPPLIES AND/OR TRAVEL COSTS TOWARDS MEDICAL RESEARCH IN PEDIATRIC HIV/AIDS. THESE AWARDS PROVIDE A POWERFUL INCENTIVE FOR A NEW GENERATION OF SCIENTISTS TO TAKE AN EARLY PROFESSIONAL INTEREST IN STUDYING PEDIATRIC HIV/AIDS. SCIENTISTS ARE GIVEN TWO YEARS OF SALARY SUPPORT WITH A MENTOR EXPERIENCED IN HIV/AIDS RESEARCH. THROUGH THIS MENTORING RELATIONSHIP, A GROWING NUMBER OF TALENTED INVESTIGATORS ARE FOCUSING THEIR EFFORTS ON HELPING TO BRING AN END TO HIV/AIDS IN CHILDREN.

THIS YEAR, THERE ARE TWO SEPARATE SCHOLAR AWARD PROGRAMS. ONE AWARD IS FOR SCIENTISTS/CLINICIANS IN DEVELOPED COUNTRIES AND ONE IS FOR THOSE INDIVIDUALS FROM, AND WORKING IN, A DEVELOPING COUNTRY. THE FOUNDATION IS ESPECIALLY INTERESTED IN RECEIVING APPLICATIONS FOR PROJECTS THAT ALLOW SCHOLARS TO GAIN DEVELOPING COUNTRY EXPERIENCE WHILE AT THE SAME TIME INCREASING THE RESEARCH CAPACITY OF THE IN-COUNTRY LOCATION. TO THIS END, THE FOUNDATION ENCOURAGES THOSE INTERESTED IN BASIC SCIENCE AS WELL AS THOSE WHO ARE DETERMINED TO IMPROVE CARE IN THE INTERNATIONAL SETTING.

2006 COST: \$(61,418)

INTERNATIONAL SCHOLAR AWARDS:

SINCE 2004, THE FOUNDATION HAS PROVIDED A POSTDOCTORAL FELLOWSHIP FOR CLINICIANS/SCIENTISTS FROM DEVELOPING COUNTRIES. THE PROGRAM IS AIMED AT HEALTHCARE PROFESSIONALS WHO HAVE SPECIFIC TRAINING OR EXPERIENCE WITH HIV/AIDS AND

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

HOLD A M.D., PH.D., OR EQUIVALENT. TO QUALIFY, APPLICANTS MUST BE FROM A DEVELOPING COUNTRY, AND PERFORMING WORK IN A DEVELOPING COUNTRY. UNITED STATES OR EUROPEAN CITIZENS LIVING IN DEVELOPING COUNTRIES ARE NOT ELIGIBLE TO APPLY. APPLICANTS MUST DEMONSTRATE COMMITMENT TO CONTINUING WORK IN A DEVELOPING COUNTRY ON HIV/AIDS WHEN THE AWARD IS COMPLETE, AS THE EMPHASIS OF THIS PROGRAM IS ON BUILDING LONG-TERM SCIENTIFIC CAPACITY IN DEVELOPING COUNTRIES.

THE FOUNDATION ENCOURAGES THOSE WHO ARE DETERMINED TO IMPROVE CARE IN THE INTERNATIONAL SETTING AS WELL AS THOSE INTERESTED IN BASIC SCIENCE TO APPLY. THE SUBJECTS FOR THESE PROJECTS COULD INCLUDE, BUT ARE CERTAINLY NOT LIMITED TO, THE FOLLOWING:

- " EPIDEMIOLOGY;
- " OPERATIONAL RESEARCH;
- " ISSUES RELATED TO IMPLEMENTATION OF EITHER PREVENTION OR THERAPY PROGRAMS;
- " TRANSMISSION OF VIRUS FROM MOTHER TO INFANT, INCLUDING BREAST-MILK TRANSMISSION AND PREVENTION;
- " PEDIATRIC HIV-VACCINE DEVELOPMENT;
- " ANTIRETROVIRAL DRUG TREATMENT INCLUDING PHARMACOLOGY, COMPLICATIONS, AND RESISTANCE; AND
- " MICROBICIDE RESEARCH.

3. GLOBAL HIV/AIDS PROGRAMS:

HIV TESTING, ANTIRETROVIRAL PROPHYLAXIS AND INFANT FEEDING EDUCATION HAS BEEN ENABLED THROUGH COMMUNITY MOBILIZATION, TRAINING OF HEALTHCARE WORKERS, AND PSYCHOSOCIAL SUPPORT. THE ADDITION OF THESE SERVICES REQUIRES THOUGHTFUL CHANGES WITHIN THE FACILITIES AS WELL AS THE MODIFICATION OF NATIONAL POLICIES, WHICH ENHANCES THE GENERAL CARE OF ALL WOMEN AND CHILDREN IN THESE CLINICS.

THE FOUNDATION HAS ALSO MOVED TO HELP FILL THE GAP IN ACCESS TO CARE AND TREATMENT, INCLUDING A.R.T.. THERE ARE 26 MILLION HIV-INFECTED PEOPLE LIVING IN AFRICA WHO WILL NEED A.R.T.. THE FOUNDATION IS STRIVING TO EFFECTIVELY FOLLOW CHILDREN BORN TO HIV-INFECTED WOMEN IDENTIFIED THROUGH PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) PROGRAMS AND TO EFFECTIVELY TREAT THE WOMEN, THEIR FAMILIES, AND INFECTED CHILDREN. DEATH IN HIV-INFECTED CHILDREN IS ESTIMATED TO OCCUR IN 35 PERCENT OF INFECTED CHILDREN BY THE AGE OF ONE YEAR, IN 50 PERCENT BY THE AGE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

OF TWO YEARS, AND IN 60 PERCENT BY THE AGE OF THREE YEARS. IDENTIFICATION OF HIV-EXPOSED AND/OR INFECTED CHILDREN HAS THUS BECOME AN IMPORTANT OBJECTIVE FOR OUR INTERNATIONAL FAMILY AIDS INITIATIVES.

CARE AND TREATMENT SERVICES HAVE BEEN BUILT ON SUCCESSFUL PMTCT AND AFFILIATED PROGRAMS IN COTE D'IVOIRE, KENYA, RWANDA, SOUTH AFRICA, UGANDA, TANZANIA, AND ZAMBIA. PROGRAMS PROVIDE CRITICALLY NEEDED SERVICES, INCLUDING ART, TO SAVE LIVES, PRESERVE FAMILIES, AND RESTORE HOPE IN COMMUNITIES DEVASTATED BY HIV. THE FOUNDATION HAS LED THE WAY IN THE PROVISION OF CARE AND TREATMENT SERVICES, PLACING A PARTICULAR EMPHASIS ON THE INCLUSION OF CHILDREN.

THE FOUNDATION'S INTERNATIONAL IMPLEMENTATION EFFORTS IN PMTCT AND CARE AND TREATMENT ARE SUPPORTED WITH RESOURCES FROM THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) AND THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) THROUGH THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR), AS WELL AS ESSENTIAL PRIVATE CONTRIBUTIONS FROM CORPORATIONS, FOUNDATIONS, AND INDIVIDUALS.

2006 COST: \$47,956,541

GLASER PEDIATRIC RESEARCH NETWORK FELLOWS
WITH THE NUMBER OF PHYSICIANS ENTERING PEDIATRIC RESEARCH SPECIALTIES DWINDLING AT AN ALARMING RATE, THIS PROGRAM IS DESIGNED TO ATTRACT TOP-LEVEL CANDIDATES INTO THE FIELD OF PEDIATRIC CLINICAL RESEARCH. FELLOWS ARE MENTORED IN A HIGHLY PRODUCTIVE CLINICAL RESEARCH ENVIRONMENT AT ONE OF THE PREEMINENT ACADEMIC MEDICAL CENTERS AFFILIATED WITH THE GLASER PEDIATRIC RESEARCH NETWORK. THE TRAINING AND SUPPORT PROVIDED BY THESE FELLOWSHIPS (\$125,000 IN FUNDING OVER TWO YEARS) ENSURES THAT THE UNIQUE AND URGENT NEEDS OF CHILDREN REMAIN THE FOCUS OF RESEARCHERS TODAY AND TOMORROW.

2006 COST: \$156,250

GLASER PEDIATRIC RESEARCH NETWORK STUDIES
THE GLASER PEDIATRIC RESEARCH NETWORK SEEKS TO CONDUCT HIGH QUALITY, WELL-DESIGNED CLINICAL AND POPULATION BASED STUDIES THAT WILL BENEFIT FROM THE MULTI-CENTER MODEL OF THE NETWORK, HAVE HIGH RELEVANCE AND IMPACT FOR CHILDREN, ARE INNOVATIVE, AND WILL RESULT IN EXPANDED INTEREST AND FUNDING FROM LARGER GOVERNMENTAL OR INDUSTRY SOURCES.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

INCLUDING SUCH ISSUES AS THE EFFECTS OF DRUG INTERVENTION ON SEVERE BONE LOSS IN CHILDREN, THE IMPACT OF BODY COMPOSITION ON PEDIATRIC DRUG TREATMENTS, AND DEVELOPING A STANDARD OF CARE FOR CHILDREN AT THE END OF LIFE, TO NAME JUST A FEW. WITHOUT THE COLLABORATIVE, MULTI-CENTER APPROACH OF THIS PROGRAM, IT WOULD BE DIFFICULT, IF NOT IMPOSSIBLE, TO CONDUCT SUCH A DIVERSITY OF STUDIES EFFICIENTLY AND EFFECTIVELY.

2006 COST:	\$, 792,833
2006 OTHER:	\$ 29,071,877
TOTAL PROGRAM SERVICE EXPENSES	\$ 79,368,954

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
RESTRICTED CASH - FIELD OFFICE	
ADVANCES	2,143,418.
OTHER ASSETS	2,068,898.
PREPAID PHARMACEUTICALS	1,387,267.

TOTALS	5,599,583.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
DONATED STOCKS	33,277.	FMV
TOTALS	33,277.	

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

ENDING
BOOK VALUE

DUE FROM US GOVT AGENCIES

6,567,272.

TOTALS

6,567,272.

=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	1,387,267.
DEFERRED GRANT REVENUE	3,434,010.
TOTALS	----- 4,821,277. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED RENT	229,090.
TOTALS	----- 229,090. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
RECLASSIFY FUNDRAISING EXPENSE	-1,254,426.

. TOTAL	-1,254,426.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RECLASSIFY FUNDRAISING EXPENSE	1,254,426.
TOTAL	1,254,426.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHERI BABBIO 1140 CONNECTICUT AVE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
PAMELA BARNES 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	PRESIDENT AND CEO 40.00	271,285.	51,428.	15,000.
WILLOW BAY 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
BILL BELFIORE 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
PETER BENZIAN 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD SECRETARY AND TREASURER 0.50	NONE	NONE	NONE
BOB BURKETT 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
MARK BURNETT 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
DENISE DEVENNY 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	CHIEF FINANCIAL OFFICER 40.00	185,687.	9,276.	NONE

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
BARBARA EASTERLING 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
BARRY G EDWARDS 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
JEFFREY ELTON 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
JENNIFER FOX 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
PAUL MICHAEL GLASER 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	HONORARY CHAIRMAN 0.50	NONE	NONE	NONE
RUSS HAGEY 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
BRIAN HEITKE 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
PAUL JOHNSON 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID KESSLER MD 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD CHAIRMAN 0.50	NONE	NONE	NONE
CYNTHIA LEWIS 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
MIKE MCCUNE MD 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
STUART PAPE 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
PHILLIP A PIZZO MD 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
SANDRA L THURMAN 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
HUGH WILSON 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
SUSIE ZEEGAN 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	CO-FOUNDER, BOARD MEMBER 40.00	NONE	NONE	NONE

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BOBBI ZIFKIN 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	BOARD MEMBER 0.50	NONE	NONE	NONE
GRAND TOTALS		456,972.	60,704.	15,000.

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KATE CARR 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	NONE	255,000.	NONE	NONE
GRAND TOTALS	NONE	255,000.	NONE	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: GLASER PEDIATRIC RESEARCH NETWORK

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ELIZABETH GLASER PEDIATRIC RESEARCH
FOUNDATION

EXEMPT: X NONEXEMPT:

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION
 FORM 990, PART VII - PROGRAM SERVICE REVENUE
 =====

95-4191698

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
U.S. GOVERNMENT COOPERATIVE AGREEMENTS					70,301,103.
TOTALS					70,301,103.

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: GLASER PEDIATRIC RESEARCH NETWORK
CONTROLLED ENTITY'S ADDRESS: 1140 CONNECTICUT AVENUE,NW SUITE 200
CITY, STATE & ZIP: WASHINGTON, DC 20036
EIN: 95-4795884
TRANSFER AMOUNT: 2,632,086.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CHARITABLE CONTRIBUTION

CONTROLLED ENTITY'S NAME: ELIZABETH GLASER PEDIATRIC RESRCH FDN
CONTROLLED ENTITY'S ADDRESS: 1140 CONNECTICUT AVENUE, NW SUITE 200
CITY, STATE & ZIP: WASHINGTON, DC 20036
EIN: 95-4795883
TRANSFER AMOUNT: 2,636,304.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CHARITABLE CONTRIBUTION

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
PATRICIA DEVINE-KARLIN 1140 CONNECTICUT AVE NW WASHINGTON, DC 20036	VP PROGRAMS 40.00	158,039.	7,902.	NONE
TAMARA WARD-DAHL 1140 CONNECTICUT AVE NW WASHINGTON, DC 20036	VP HR 40.00	153,253.	7,646.	NONE
JENNIFER MACIAS 1140 CONNECTICUT AVE NW WASHINGTON, DC 20036	DIR RESOURCE MGMT 40.00	149,613.	7,421.	NONE
WILLIAM SALMOND 1140 CONNECTICUT AVE NW WASHINGTON, DC 20036	COUNTRY DIR UGANDA 40.00	116,466.	5,823.	48,354.
PETER SAVOSNICK 1140 CONNECTICUT AVE NW WASHINGTON, DC 20036	COUNTRY DIR KENYA 40.00	104,953.	2,214.	57,091.
TOTAL COMPENSATION		682,324.	31,006.	105,445.

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

95-4191698

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

ERNST AND YOUNG LLP
725 SOUTH FIGUEROA ST
LOS ANGELES, CA 90017

AUDIT AND TAX PREP

223,375.

TOTAL COMPENSATION

223,375.
=====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

DR RICHARD MARLINK 103 N. NORTON AVE LOS ANGELES, CA 90004	TECHNICAL SUPPORT	148,503.
MS ELIZABETH PREBLE 1400-B CERRO GORDO ROAD SANTA FE, NM 87501	MONITOR AND EVALUATE	50,164.
TOTAL COMPENSATION		----- 198,667. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

SEE DESCRIPTION OF FELLOWSHIPS PAID IN PROGRAM SERVICE
ACCOMPLISHMENTS

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
MISCELLANEOUS INCOME	86,302.				86,302.
TOTALS	86,302.				86,302.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	95-4191698
	Number, street, and room or suite no. If a P.O. box, see instructions	
	1140 CONNECTICUT AVENUE NW, #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ DENISE DEVENNY

Telephone No ▶ 202-296-9165 FAX No ▶ 202-296-9185

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until AUGUST 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

7108 4987 8660 0242 3579

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Employer identification number 95-4191698
	Number, street, and room or suite no. If a P.O. box, see instructions 1140 CONNECTICUT AVENUE NW, #200	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DENISE DEVENNY**
Telephone No **202-296-9165** FAX No **202-296-9185**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **NOVEMBER 15, 2007**, 20____
- For calendar year **2006**, or other tax year beginning _____, 20____ and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature Susan Dull, CPA **ERNST & YOUNG US LLP** File # **000A 700233523** Date **7/23/2007**

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name ERNST & YOUNG LLP ATTN: SUSAN DULL
	Number and street (include suite, room, or apt. no.) or a P.O. box number PO BOX 10647
	City or town, province or state, and country (including postal or ZIP code) GREENVILLE, SC 29603

7108 4987 8660 0245 5853