

NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



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)

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

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.	C Name of organization Elizabeth Glaser Pediatric AIDS Foundation Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1140 Connecticut Avenue NW City or town, state or country, and ZIP + 4 Washington, DC 20036	D Employer identification number 95-4191698 E Telephone number (202) 296-9165 G Gross receipts \$ 120,671,799
F Name and address of Principal Officer David Kessler MD 1140 Connecticut Avenue NW Washington, DC 20036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Web site: ▶ www.pedaids.org	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ▶		L Year of Formation 1988	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Elizabeth Glaser Pediatric AIDS Foundation seeks to prevent HIV infection and to eradicate pediatric AIDS through research, advocacy, and prevention and treatment programs		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	180
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	99,857,290	118,779,278
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,466	97,506
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-289,497	331,988
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,834,259	119,208,772
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	44,995,153	51,232,437
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,610,151	29,510,145
	16a Professional fundraising fees (Part IX, column (A), line 11e)	239,652	322,287
	b (Total fundraising expenses, Part IX, column (D), line 25 <u>2,548,513</u>)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	34,711,698	36,848,648
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	100,556,654	117,913,517
	19 Revenue less expenses Subtract line 18 from line 12	-722,395	1,295,255
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	31,300,233	30,057,317
	21 Total liabilities (Part X, line 26)	21,618,949	18,950,860
	22 Net assets or fund balances Subtract line 21 from line 20	9,681,284	11,106,457

Part II Signature Block

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 _____ DENISE DEVENNY CFO Type or print name and title	2009-08-21 Date
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Paid Preparer's Use Only	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP 75 BEATTIE PLACE SUITE 800 GREENVILLE, SC 29601	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst) EIN ▶ Phone no ▶ (864) 242-5740
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May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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 (4) organizations and 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 \$)
 International Family AIDS Initiative The Foundations 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 (Code) (Expenses \$ 2,911,892 including grants of \$ 1,000,000) (Revenue \$)
 Research Programs The groundbreaking results of the Foundations 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 Foundations 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 (Code) (Expenses \$ 500,628 including grants of \$) (Revenue \$)
 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. 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 Presidents 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.









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
1 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>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3 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>		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations 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>		
6 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>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 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>	Yes	
12 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>	Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the U S ?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>	Yes	
18 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>	Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
21 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>	Yes	
22 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>		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations 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>		No
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>		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		No
27 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>		No

Part IV Checklist of Required Schedules *(Continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a 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>		No
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>		No
c 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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 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> 		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37 Did the organization conduct more than 5 percent 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> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 66		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 180		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country <u>TZ, IV, SF, UG, RW, LT, WZ, ZA, ZI, MZ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11a		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a the governing body?	Yes	
8b	b each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
10	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	Yes	
11	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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		No
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?	Yes	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

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

Part VIII Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	3,838,484				
	d Related organizations 1d					
	e Government grants (contributions) 1e	99,381,486				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	15,559,308				
	g Noncash contributions included in lines 1a-1f \$ <u>804,738</u>					
	h Total (Add lines 1a-1f) ▶	118,779,278				
Program Service Revenue	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶ \$ 0					
Other Revenue	3 Investment income (including dividends, interest other similar amounts) ▶	98,682			98,682	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶	67,602			67,602	
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	28,767			
		(ii) Other				
		b Less cost or other basis and sales expenses	29,943			
		c Gain or (loss)	-1,176			
d Net gain or (loss) ▶	-1,176			-1,176		
8a Gross income from fundraising events (not including \$ <u>1,697,470</u> of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a	3,839,484					
b Less direct expenses b	1,433,084					
c Net income or (loss) from fundraising events ▶	264,386			264,386		
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue _____						
e Total. Add lines 11a-11d ▶ \$						
12 Total Revenue. 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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	28,963,653	28,963,653		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	22,268,784	22,268,784		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,520,566	3,236,236	1,036,348	247,982
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,056,832	14,756,850		611,731
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	581,505	477,309	84,965	19,231
9	Other employee benefits	4,175,552	2,944,233	1,004,057	227,262
10	Payroll taxes	2,175,690	1,805,242	302,075	68,373
11	Fees for services (non-employees)				
a	Management				
b	Legal	34,125	27,438	4,510	2,177
c	Accounting	320,911	11,007	309,904	
d	Lobbying	383	383		
e	Professional fundraising See Part IV, line 17	322,287			322,287
f	Investment management fees				
g	Other	5,715,539	3,800,727	1,785,822	128,990
12	Advertising and promotion	15,238	7,131		8,107
13	Office expenses	4,033,484	2,689,656	1,137,270	206,558
14	Information technology	2,660,015	1,880,936	779,079	
15	Royalties				
16	Occupancy	1,973,740	806,680	1,167,060	
17	Travel	4,533,454	3,980,478	488,735	64,241
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	5,147,224	5,033,924	106,141	7,159
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	271,029		271,029	
23	Insurance	453,468	268,658	184,810	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	EXPENDABLE EQUIPMENT	829,266	829,266		
b	REPAIRS AND MAINTENANCE	1,021,685	583,361	438,324	
c	SUB-CONTRACT EXPENSES	5,197,058	5,197,058		
d	OTHER PROGRAM SERVICES	3,669,073	3,669,073		
e	CONTRIBUTED SERVICES EXPENSE	826,764	37,710	181,059	607,995
f	All other expenses	146,192	94,853	24,919	26,420
25	Total functional expenses. Add lines 1 through 24f	117,913,517	103,370,646	11,994,358	2,548,513
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	16,617,094	1	9,385,155
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,201,782	3	14,097,003
	4 Accounts receivable, net	846,552	4	1,571,301
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,932,463	9	4,510,737
	10a Land, buildings, and equipment cost basis			
		10a 1,917,479		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 1,442,883	699,332	10c 474,596
	11 Investments—publicly traded securities	3,010	11	18,525
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,300,233	16	30,057,317	
Liabilities	17 Accounts payable and accrued expenses	4,038,342	17	5,279,411
	18 Grants payable	12,340,775	18	11,049,837
	19 Deferred revenue	4,959,131	19	2,344,618
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	280,701	25	276,994
	26 Total liabilities. Add lines 17 through 25	21,618,949	26	18,950,860
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,057,100	27	5,379,583
	28 Temporarily restricted net assets	7,533,006	28	5,635,120
	29 Permanently restricted net assets	91,178	29	91,754
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,681,284	33	11,106,457	
34 Total liabilities and net assets/fund balances	31,300,233	34	30,057,317	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

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

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

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.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number

95-4191698

Part I Reason for Public Charity Status (to be completed by all organizations) (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 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

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	
Total									

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 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
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	35,213,079	63,580,010	83,790,921	99,755,376	119,792,443	402,131,829
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						8,952,300
6 Public Support subtract line 5 from line 4						393,179,529

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	35,213,079	175,140	83,790,921	99,755,376	119,792,443	402,131,829
8 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
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 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
11 Total Support (Add lines 7 through 10)						403,354,625
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	97.477 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	63.906 %

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- 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)

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number

95-4191698

Part I-A 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 in 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 internal 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 own internal 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,784	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	98,579	
c Total lobbying expenditures (add lines 1a and 1b)	103,363	
d Other exempt purpose expenditures	119,243,238	
e Total exempt purpose expenditures (add lines 1c and 1d)	119,346,601	
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:	1,000,000	
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is:		
20% of the amount on line 1e		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input 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 1a through 1f 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
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	669,907	7,165	130,557	103,363	910,992
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures			4,652	4,784	9,436

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines c through i)?			
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 Other activities If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes" enter the amount of any tax incurred under section 4912			
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B 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 the instructions for Schedule C for details.)

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number

95-4191698

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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?
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?

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)
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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
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
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

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	91,178				
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 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) 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
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				474,596

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

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

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

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

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

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

Identifier	Return Reference	Explanation
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.
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).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

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

Name of the organization
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number

95-4191698

Part I General Information on Activities Outside the United States. 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 grant makers. 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) (ie, 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	0	0	Grantmaking		615,057
East Asia and the Pacific	0	0	Grantmaking		245,235
Totals ▶	24	1,158			60,188,799

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

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		13,946	Wire			
		Sub-Saharan Africa		31,591	Wire			
		Sub-Saharan Africa		804,682	Wire	29,660	[A]-Part IV	Book
		Sub-Saharan Africa		52,096	Wire	2,155	[B]-Part IV	Book
		Sub-Saharan Africa		169,394	Wire	11,487	[C]-Part IV	Book
		Sub-Saharan Africa		122,404	Wire	3,390	[C]-Part IV	Book
		Sub-Saharan Africa		122,841	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		16,067	Wire			
		Sub-Saharan Africa		15,984	Wire			
		Sub-Saharan Africa		33,909	Wire			
		Sub-Saharan Africa		33,505	Wire			
		Sub-Saharan Africa		32,339	Wire			
		Sub-Saharan Africa		17,701	Wire			
		Sub-Saharan Africa		22,862	Wire			
		Sub-Saharan Africa		29,882	Wire			
		Sub-Saharan Africa		36,755	Wire			
		Sub-Saharan Africa		49,227	Wire			
		Sub-Saharan Africa		58,782	Wire	1,138	[D]-Part IV	Book
		South Asia		60,092	Wire			
		Sub-Saharan Africa		61,786	Wire	956	[D]-Part IV	Book
		Sub-Saharan Africa		141,184	Wire	80,862	[E]-Part IV	Book
		Sub-Saharan Africa		11,388	Wire			
		Sub-Saharan Africa		76,633	Wire	378	[D]-Part IV	Book
		Sub-Saharan Africa		121,193	Wire	55,975	[E]-Part IV	Book
		Sub-Saharan Africa		56,188	Wire			
		Sub-Saharan Africa		56,327	Wire			
		Sub-Saharan Africa		969,015	Wire			
		Sub-Saharan Africa		94,078	Wire			
		Sub-Saharan Africa		40,742	Wire			
		Sub-Saharan Africa		61,440	Wire			

(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		37,151	Wire			
		Sub-Saharan Africa		10,996	Wire			
		Sub-Saharan Africa		108,095	Wire			
		Sub-Saharan Africa		215,271	Wire	24,750	[F]-Part IV	Book
		Sub-Saharan Africa		27,589	Wire			
		South Asia		145,750	Wire			
		Sub-Saharan Africa		18,897	Wire			
		Sub-Saharan Africa		35,612	Wire			
		Sub-Saharan Africa		102,754	Wire			
		Sub-Saharan Africa		23,820	Wire			
		Sub-Saharan Africa		38,753	Wire			
		Sub-Saharan Africa		44,696	Wire			
		Sub-Saharan Africa		81,539	Wire			
		Sub-Saharan Africa		81,188	Wire	3,484	[G]-Part IV	Book
		Sub-Saharan Africa		248,293	Wire	46,950	[C]-Part IV	Book
		Sub-Saharan Africa		14,761	Wire	4,705	[D]-Part IV	Book
		Sub-Saharan Africa		8,453	Wire			
		Sub-Saharan Africa		21,939	Wire			
		Sub-Saharan Africa		39,310	Wire			
		Sub-Saharan Africa		31,845	Wire	12,340	[D]-Part IV	Book
		Sub-Saharan Africa		41,696	Wire	3,547	[D]-Part IV	Book
		Sub-Saharan Africa		14,244	Wire			
		Sub-Saharan Africa		140,039	Wire	11,605	[E]-Part IV	Book
		Sub-Saharan Africa		143,255	Wire			
		Sub-Saharan Africa		34,612	Wire	1,140	[D]-Part IV	Book
		Sub-Saharan Africa		66,879	Wire	6,525	[B]-Part IV	Book
		Sub-Saharan Africa		41,759	Wire			
		Sub-Saharan Africa		115,443	Wire	66,767	[H]-Part IV	Book
		Sub-Saharan Africa		115,079	Wire	9,445	[D]-Part IV	Book
		Sub-Saharan Africa		26,654	Wire	15,978	[D]-Part IV	Book

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		10,411	Wire			
		Sub-Saharan Africa		36,056	Wire			
		Sub-Saharan Africa		140,207	Wire	2,719	[D]-Part IV	Book
		Sub-Saharan Africa		111,583	Wire	88,713	[E]-Part IV	Book
		Sub-Saharan Africa		61,692	Wire			
		Sub-Saharan Africa		16,982	Wire	11,777	[D]-Part IV	Book
		Sub-Saharan Africa		42,422	Wire	12,927	[D]-Part IV	Book
		Sub-Saharan Africa		312,273	Wire	3,484	[G]-Part IV	Book
		Sub-Saharan Africa		36,175	Wire	3,381	[D]-Part IV	Book
		Sub-Saharan Africa		16,604	Wire	11,220	[D]-Part IV	Book
		Sub-Saharan Africa		126,704	Wire	3,484	[G]-Part IV	Book
		Sub-Saharan Africa		93,017	Wire			
		Sub-Saharan Africa		38,763	Wire			
		Sub-Saharan Africa		109,510	Wire			
		Sub-Saharan Africa		16,020	Wire			
		Sub-Saharan Africa		127,196	Wire			
		Sub-Saharan Africa		266,383	Wire			
		Sub-Saharan Africa		242,925	Wire			
		Sub-Saharan Africa		18,889	Wire	5,676	[D]-Part IV	Book
		Sub-Saharan Africa		231,869	Wire	7,605	[C]-Part IV	Book
		Sub-Saharan Africa		38,648	Wire	19,866	[D]-Part IV	Book
		Sub-Saharan Africa		230,067	Wire			
		Sub-Saharan Africa		84,447	Wire			
		Sub-Saharan Africa		19,851	Wire			
		Sub-Saharan Africa		20,589	Wire			
		Sub-Saharan Africa		22,374	Wire			
		Sub-Saharan Africa		275,000	Wire			
		Sub-Saharan Africa		70,795	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		22,763	Wire	10,619	[D]-Part IV	Book
		Sub-Saharan Africa		81,923	Wire			

(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		104,613	Wire	7,430	[B]-Part IV	Book
		Sub-Saharan Africa		61,611	Wire	110,793	[H]-Part IV	Book
		Sub-Saharan Africa		63,774	Wire			
		Sub-Saharan Africa		94,342	Wire	22,600	[C]-Part IV	Book
		Sub-Saharan Africa		99,835	Wire	757	[D]-Part IV	Book
		Sub-Saharan Africa		125,105	Wire	87,886	[E]-Part IV	Book
		Sub-Saharan Africa		75,344	Wire	6,134	[G]-Part IV	Book
		Sub-Saharan Africa		65,747	Wire	30,980	[H]-Part IV	Book
		Sub-Saharan Africa		32,275	Wire	4,456	[D]-Part IV	Book
		Sub-Saharan Africa		31,950	Wire	11,777	[D]-Part IV	Book
		Sub-Saharan Africa		3,079,454	Wire			
		Sub-Saharan Africa		108,675	Wire			
		Sub-Saharan Africa		177,126	Wire	91,342	[E]-Part IV	Book
		Sub-Saharan Africa		59,231	Wire			
		Sub-Saharan Africa		10,260	Wire			
		Sub-Saharan Africa		75,064	Wire			
		Sub-Saharan Africa		134,095	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		48,100	Wire			
		Sub-Saharan Africa		74,513	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		58,602	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		57,653	Wire			
		Sub-Saharan Africa		81,971	Wire			
		Sub-Saharan Africa		45,147	Wire	8,880	[D]-Part IV	Book
		Sub-Saharan Africa		40,779	Wire	13,166	[C]-Part IV	Book
		Sub-Saharan Africa		20,026	Wire			
		Sub-Saharan Africa		60,767	Wire			
		Sub-Saharan Africa		49,833	Wire			
		Sub-Saharan Africa		772,015	Wire	73	[D]-Part IV	Book
		Sub-Saharan Africa		96,470	Wire	50,399	[H]-Part IV	Book
		Sub-Saharan Africa		64,192	Wire			

(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		128,073	Wire	71,838	[C]-Part IV	Book
		Sub-Saharan Africa		77,635	Wire			
		Sub-Saharan Africa		57,051	Wire			
		Sub-Saharan Africa		28,856	Wire	4,883	[D]-Part IV	Book
		Sub-Saharan Africa		14,993	Wire			
		Sub-Saharan Africa		81,764	Wire	3,542	[B]-Part IV	Book
		Sub-Saharan Africa		50,596	Wire			
		Sub-Saharan Africa		33,436	Wire			
		Sub-Saharan Africa		96,944	Wire			
		Sub-Saharan Africa		21,248	Wire			
		Sub-Saharan Africa		274,836	Wire	8,004	[C]-Part IV	Book
		Sub-Saharan Africa		95,916	Wire	57,521	[F]-Part IV	Book
		Sub-Saharan Africa		212,189	Wire	7,161	[B]-Part IV	Book
		Sub-Saharan Africa		85,865	Wire	3,408	[B]-Part IV	Book
		Sub-Saharan Africa		24,710	Wire			
		Sub-Saharan Africa		29,999	Wire	21,683	[D]-Part IV	Book
		Sub-Saharan Africa		73,287	Wire			
		Sub-Saharan Africa		54,091	Wire			
		Sub-Saharan Africa		53,631	Wire			
		Sub-Saharan Africa		44,023	Wire			
		Sub-Saharan Africa		33,135	Wire			
		Sub-Saharan Africa		115,799	Wire			
		Sub-Saharan Africa		42,636	Wire			
		Sub-Saharan Africa		56,503	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		58,232	Wire			
		Sub-Saharan Africa		119,490	Wire			
		Sub-Saharan Africa		725,507	Wire	17,976	[B]-Part IV	Book
		Sub-Saharan Africa		25,936	Wire			
		Sub-Saharan Africa		35,601	Wire			
		Sub-Saharan Africa		15,144	Wire			

(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)
		South Asia		147,522	Wire			
		Sub-Saharan Africa		71,658	Wire	956	[D]-Part IV	Book
		Sub-Saharan Africa		31,773	Wire	865	[D]-Part IV	Book
		Sub-Saharan Africa		119,030	Wire	8,847	[D]-Part IV	Book
		Sub-Saharan Africa		184,918	Wire	11,487	[C]-Part IV	Book
		Sub-Saharan Africa		18,453	Wire			
		Sub-Saharan Africa		48,772	Wire			
		Sub-Saharan Africa		48,288	Wire			
		Sub-Saharan Africa		28,563	Wire			
		Sub-Saharan Africa		18,561	Wire			
		Sub-Saharan Africa		41,935	Wire			
		Sub-Saharan Africa		21,351	Wire			
		Sub-Saharan Africa		101,574	Wire			
		Sub-Saharan Africa		22,547	Wire	21,842	[D]-Part IV	Book
		Sub-Saharan Africa		8,426	Wire			
		Sub-Saharan Africa		54,755	Wire			
		Sub-Saharan Africa		35,146	Wire			
		Sub-Saharan Africa		36,689	Wire			
		Sub-Saharan Africa		119,415	Wire			
		Sub-Saharan Africa		270,032	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		36,830	Wire			
		Sub-Saharan Africa		29,467	Wire	3,062	[D]-Part IV	Book
		Sub-Saharan Africa		143,697	Wire			
		Sub-Saharan Africa		56,645	Wire	4,898	[C]-Part IV	Book
		Sub-Saharan Africa		189,761	Wire	3,001	[D]-Part IV	Book
		Sub-Saharan Africa		16,515	Wire	7,605	[C]-Part IV	Book
		Sub-Saharan Africa		102,861	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		19,131	Wire			
		Sub-Saharan Africa		68,034	Wire			
		South Asia		261,693	Wire			

(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		238,900	Wire	3,484	[B]-Part IV	Book
		Sub-Saharan Africa		180,701	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		56,764	Wire			
		Sub-Saharan Africa		19,629	Wire			
		Sub-Saharan Africa		17,379	Wire			
		Sub-Saharan Africa		53,215	Wire	34,546	[C]-Part IV	Book
		Sub-Saharan Africa		68,205	Wire			
		Sub-Saharan Africa		15,000	Wire			
		Sub-Saharan Africa		64,591	Wire			
		Sub-Saharan Africa		149,380	Wire	4,520	[C]-Part IV	Book
		Sub-Saharan Africa		256,162	Wire	6,967	[E]-Part IV	Book
		Sub-Saharan Africa		61,161	Wire			
		Sub-Saharan Africa		22,287	Wire			
		Sub-Saharan Africa		18,395	Wire			
		East Asia/Pacific		245,235	Wire			

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

▶ **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.**

Name of the organization
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number
95-4191698

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EuroAmerican Communication	direct mail		No	58,901	7,678	51,223
Innovative Philanthropy	Spec Event		No	3,470,756	314,609	3,156,147
Total						

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
		<u>Kids/Kids Carn</u> (event type)	<u>Time For Heroes</u> (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
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))
		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) ▶					

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

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- 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 ▶ \$ _____

Yes **No**

15a

17a

Schedule I (Form 990)

OMB No 1545-0047

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

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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?
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 if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table.

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

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.
See Additional Data Table

Identifier	Return Reference	Explanation
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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Healthcare Foundation 6255 W Sunset Blvd 21st Floor Los Angeles, CA 90028	95-4112121	501(c)(3)	902,947				
Baylor Col of Med Inter Pediatric AIDS InitiativeOne Baylor Plaza Houston, TX 77030	20-2951275	501(c)(3)	471,480				
Beth Israel Deaconess Medical Center330 Brookline Ave Boston, MA 02215	04-2103881	501(c)(3)	200,000				
Board of World Mission of the Moravian Church1021 Center Street Bethlehem, PA 18016	23-1445663	501(c)(3)	78,135				
Catholic Medical Mission Board10 West 17th Street New York, NY 10011	13-5602319	501(c)(3)	64,807				
Children's Hospital Los Angeles4650 Sunset Blvd MS 51 Los Angeles, CA 90027	95-1690977	501(c)(3)	200,000				
Health Alliance International 4534 11th Ave NE Seattle, WA 98105	94-3047981	501(c)(3)	46,413				
Helen Keller International 352 Park Avenue South New York, NY 10010	13-5562162	501(c)(3)	259,557				
HOPE Worldwide Cote d'Ivoire353 West Lancaster Ave Suite 200 Wayne, PA 19087	91-1867491	501(c)(3)	443,763				
J F Kapnek Charitable Trust 936 Dewing Avenue Suite E3 Lafayette, CA 94549	23-7165692	501(c)(3)	850,934	41,080	Book	Vehicle	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Johns Hopkins University School of Medicine 733 N Broadway Suite 117 Baltimore, MD 21205	52-0595110	501(c)(3)	322,465	78	Book	Training exp	
MA General Hospital (Partners AIDS Research Center) 149 13th Street Suite 6617 Charlestown, MA 02129	04-1564655	501(c)(3)	200,000				
The University Of Alabama At Birmingham 1530 3rd Avenue South Birmingham, AL 35294	63-6005396	501(c)(3)	22,360,764				
The University of North Carolina at Chapel Hill 104 Airport Drive Campus Box 1350 Chapel Hill, NC 27599	56-6001393	501(c)(3)	413,899				
University of California at San Francisco 3333 California Street Suite 315 San Francisco, CA 94118	94-6036493	501(c)(3)	1,117,818				
University of Colorado Health Sciences Center 4200 E Ninth Avenue Denver, CO 80220	84-6000555	501(c)(3)	200,000				
University of Massachusetts LRB 304 364 Plantation Street Worcester, MA 01605	04-3167352	501(c)(3)	200,000				
Wake Forest University Health Sciences Medical Center Blvd Winston Salem, NC 27157	22-3849199	501(c)(3)	485,080	34,073	Book	Vehicle	
World Harvest Mission 101 West Avenue Jenkintown, PA 19046	23-2223692	501(c)(3)	57,699	1,007	Book	Training exp	
World Relief 7 East Baltimore Street Baltimore, MD 21202	23-6393344	501(c)(3)	11,655				

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number
95-4191698

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a</p> <p>a Receive a severance payment or change of control payment?</p>	4a Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	No								
<p>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</p>										
<p>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</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III</p>	5b	No								
<p>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</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III</p>	6b	No								
<p>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</p>	7	No								
<p>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</p>	8	No								

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Pamela Barnes	(i) 272,527 (ii) 0	0	21,532 0	65,433 0	8,220 0	367,712 0	0 0
Carlos Carrazana	(i) 139,488 (ii)	10,000	15,749	4,865	4,627	174,729	0
Denise Devenny	(i) 42,962 (ii)	0	111,942	2,403	1,541	158,848	0
Trish Devine Karlin	(i) 174,675 (ii)	0	15,716	9,524	11,778	211,693	0
Randy Fowler	(i) 127,800 (ii)	0	20,983	7,481	13,044	169,308	0
Stephen Lee MD	(i) 168,275 (ii)	0	15,740	9,156	5,630	198,801	0
Suzanne Mink	(i) 155,531 (ii)	0	39,136	0	3,620	198,287	0
Sara Pacque Margolis	(i) 137,954 (ii)	0	15,820	7,583	1,211	162,568	0
Diane Thompson	(i) 117,504 (ii)	0	59,769	66,156	11,845	255,274	0
Tamara Ward Dahl	(i) 151,519 (ii)	0	15,856	8,447	13,321	189,143	0
Catherine Wilfert MD	(i) 205,846 (ii)	0	1,557	0	1,044	208,447	0
Deborah Conner	(i) 78,510 (ii)	0	77,100	4,777	8,615	169,002	0
Nancy Fitch	(i) 100,869 (ii)	0	75,915	6,152	10,040	192,976	0
William Salmond PhD	(i) 100,427 (ii)	0	88,856	6,212	13,177	208,672	0
Peter Savosnick	(i) 92,200 (ii)	0	72,038	5,635	7,051	176,924	0
Maurice Adams	(i) 153,105 (ii)	0	62,689	6,624	8,097	230,515	0
Cathrien Alons Kehus	(i) 70,500 (ii)	0	91,109	3,667	18,961	184,237	0
Alexandre Boon	(i) 68,952 (ii)	0	90,980	0	18,961	178,893	0
Anja Giphart MD	(i) 111,008 (ii)	0	73,739	4,488	18,961	208,196	0
Patricia Mbetu	(i) 106,932 (ii)	0	46,878	844	8,360	163,014	0
Denis Tindyebwa MD	(i) 91,840 (ii)	0	117,217	4,175	12,975	226,207	0
Ellen Warming	(i) 34,893 (ii)	0	119,243	0	2,938	157,074	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Schedule J, Part III	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 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 M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number 95-4191698

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution rules and reporting.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

▶ 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.

Name of the organization
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number
95-4191698

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 15a	Process by which compensation for the Fnd's President & CEO is review ed	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.

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 15b		<p>Describe the process by which compensation for the Fnd's Other officer/Key Employees is Review ed In order to determine the compensation packages given to the Foundation's officers and key employees, the Foundation engaged a well know n executive recruiter to accumulate compensation data for candidates from similar organizations in the non-profit community as well as review ing 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 w ho did not have a conflict of interest w ith 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</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 19	Avail of Gov Docs, Conflict of Interest Policy, & Fin Strmts to Gen Public	The Foundation makes its annual, audited financial statements available to the public on its website, http://www.pedards.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.

Identifier	Return Reference	Explanation
Form 990, Part V Line 4b	Foreign Country List - Continued	Kenya

Identifier	Return Reference	Explanation
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, w ho 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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Elizabeth Glaser Pediatric AIDS Foundation

Employer identification number
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

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 1140 Connecticut Avenue NW Washington, DC20036 95-4795884	Research	DC	501(c)3	non-private	EGPAF
Elizabeth Glaser Pediatric Research Foun 1140 Connecticut Avenue NW Washington, DC20036 95-4795883	Research	DC	501(c)3	non-private	EGPAF

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 on Box 20 of K-1	(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

1 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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

2 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)		

