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TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	ACCORDIA GLOBAL HEALTH FOUNDATION 1101 14TH STREET, NW NO. 801 WASHINGTON, DC 20005-5601
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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		D Employer identification number	
		ACCORDIA GLOBAL HEALTH FOUNDATION Doing Business As		04-3774897	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		1101 14TH STREET, NW	801	(202) 534-1200	
City or town, state or country, and ZIP + 4		G Gross receipts \$		H(a) Is this a group return for affiliates?	
WASHINGTON, DC 20005-5601		8,790,543.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer:		H(b) Are all affiliates included?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
WARNER GREENE SAME AS C ABOVE		If "No," attach a list. (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number			
J Website: WWW.ACCORDIAFOUNDATION.ORG		L Year of formation: 2003		M State of legal domicile: DC	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5	Total number of employees (Part V, line 2a)	5 17
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 14,163,038. Current Year 8,100,244.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,411. 340,760.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,279. 240,564.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,677,728. 8,681,568.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,248,543. 5,329,729.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	781,738. 1,233,951.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	99,500.
		b Total fundraising expenses (Part IX, column (D), line 25)	213,075.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,200,105. 1,575,560.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,329,886. 8,139,240.
19	Revenue less expenses. Subtract line 18 from line 12	3,347,842. 542,328.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 15,243,094. End of Year 15,090,013.
	21	Total liabilities (Part X, line 26)	6,885,837. 5,929,423.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,357,257. 9,160,590.

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.

Sign Here

Signature of officer: _____ Date: _____
CAROL SPAHN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GELMAN, ROSENBERG & FREEDMAN**
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930
 Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no.: **(301) 951-9090**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
ACCORDIA GLOBAL HEALTH FOUNDATION (ACCORDIA) IS A U.S. NOT-FOR-PROFIT CORPORATION WHOSE MISSION IS TO OVERCOME THE BURDEN OF INFECTIOUS DISEASES IN SUB-SAHARAN AFRICA BY BUILDING HEALTHCARE CAPACITY AND STRENGTHENING ACADEMIC MEDICAL INSTITUTIONS. ACCORDIA WORKS IN

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 (X)
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 (X)
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,392,100. including grants of \$ 5,329,729.) (Revenue \$)
FUNDS RECEIVED BY ACCORDIA TO BE USED TO FULFILL ACCORDIA'S CHARITABLE PURPOSE AND CHARTER AND TO COVER COSTS OF THE INFECTIOUS DISEASES INSTITUTE "IDI" IN KAMPALA, UGANDA; TO INVESTIGATE THE MOST COST-EFFECTIVE WAY TO BUILD CAPACITY FOR THE CARE AND PREVENTION OF INFECTIOUS DISEASE AMONG MID-LEVEL PRACTITIONERS IN SUB-SAHARAN AFRICA; AND TO TRAIN AFRICAN HEALTHCARE PROVIDERS IN HIV, MALARIA CARE AND TREATMENT AND TO BROADEN THE IDI'S ROLE IN ADDRESSING INFECTIOUS DISEASES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,392,100.

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>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
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>	X	
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>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
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>		X
36 Section 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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 19		
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?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 17		
b	If at least one is reported on line 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. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
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?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			11
b	Enter the number of voting members that are independent		
1b			11
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HUILIAN JI - (202)534-1200**
1101 14TH STREET, SUITE 801, WASHINGTON, DC 20005-5601

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HANK MCKINNELL CHAIRMAN	4.00	X		X				0.	0.	0.
NELSON SEWANKAMBO VICE PRESIDENT	4.00	X		X				0.	0.	0.
ROBERT L. MALLETT TREASURER	4.00	X		X				0.	0.	0.
KATHY BURKE DIRECTOR	4.00	X						0.	0.	0.
GARY COHEN DIRECTOR	4.00	X						0.	0.	0.
SUSAN DESMOND-HELLMANN DIRECTOR	4.00	X						0.	0.	0.
JOE FECZKO DIRECTOR	4.00	X						0.	0.	0.
DONALD A. HOLZWORTH DIRECTOR	4.00	X						0.	0.	0.
FRED PORT DIRECTOR	4.00	X						0.	0.	0.
TOMMY G. THOMPSON DIRECTOR	4.00	X						0.	0.	0.
WARNER GREENE PRESIDENT	10.00	X		X				95,000.	0.	4,750.
CAROL SPAHN EXECUTIVE DIRECTOR	32.00			X				197,708.	0.	16,792.
JAMILAH DAVIS DIR. FINANCE & ADMIN	40.00			X				109,856.	0.	16,060.
KELLY WILLIS SR. VP OF DEV PROGRAM	40.00				X			161,285.	0.	17,942.
CYNTHIA SADLER SENIOR V.P., FUND DEVELO	40.00				X			170,000.	0.	16,337.

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	10,415.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	809,250.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7280579.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			8100244.			
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		340,760.			340,760.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 10,415. of contributions reported on line 1c). See Part IV, line 18	a		349539.			
		Less: direct expenses	b		108975.			
		Net income or (loss) from fundraising events			240,564.			240,564.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			8681568.	0.	0.	581,324.	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,329,729.	5,329,729.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	805,732.	551,124.	191,084.	63,524.
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	261,920.	121,935.	138,155.	1,830.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,143.	9,450.	7,517.	176.
9 Other employee benefits	72,318.	38,799.	27,735.	5,784.
10 Payroll taxes	76,838.	47,899.	24,204.	4,735.
11 Fees for services (non-employees):				
a Management				
b Legal	16,193.	10,686.	4,606.	901.
c Accounting	28,002.	16,412.	9,694.	1,896.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	214,933.	152,371.	10,058.	52,504.
12 Advertising and promotion				
13 Office expenses	297,797.	180,188.	57,279.	60,330.
14 Information technology	33,249.	23,571.	1,556.	8,122.
15 Royalties				
16 Occupancy	121,549.	76,414.	37,752.	7,383.
17 Travel	162,795.	146,113.	13,953.	2,729.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	454,051.	446,058.	6,686.	1,307.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	11,314.	7,053.	3,564.	697.
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 STIPENDS	230,939.	230,939.		
b PAYROLL SERVICES	2,543.	1,803.	119.	621.
c PENSION ADMIN FEES	2,195.	1,556.	103.	536.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,139,240.	7,392,100.	534,065.	213,075.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,329,046.	2	4,536,929.
	3 Pledges and grants receivable, net	645,383.	3	983,286.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,875.	9	96,628.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	7,213,427.	11	9,463,718.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,363.	15	9,452.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,243,094.	16	15,090,013.	
Liabilities	17 Accounts payable and accrued expenses	181,154.	17	376,592.
	18 Grants payable	6,704,683.	18	5,552,831.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,885,837.	26	5,929,423.
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	4,663,030.	27	4,868,699.
	28 Temporarily restricted net assets	3,694,227.	28	4,291,891.
	29 Permanently restricted net assets		29	
	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	8,357,257.	33	9,160,590.
34 Total liabilities and net assets/fund balances	15,243,094.	34	15,090,013.	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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?	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,518,240.	11,054,001.	9,965,030.	14,163,038.	8,100,244.	47,800,553.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,518,240.	11,054,001.	9,965,030.	14,163,038.	8,100,244.	47,800,553.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						34,620,684.
6 Public support. Subtract line 5 from line 4.						13,179,869.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,518,240.	11,054,001.	9,965,030.	14,163,038.	8,100,244.	47,800,553.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,697.	161,625.	349,133.	2,252.	340,760.	863,467.
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.)	98,248.	37,408.	101.	2,088.		137,845.
11 Total support. Add lines 7 through 10						48,801,865.
12 Gross receipts from related activities, etc. (see instructions)					12	1,152,993.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	27.01	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	25.12	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 June 30, 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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

ACCORDIA GLOBAL HEALTH FOUNDATION ("ACCORDIA"), WHICH WAS PREVIOUSLY KNOWN AS THE ACADEMIC ALLIANCE FOUNDATION FOR AIDS CARE AND PREVENTION IN AFRICA, IS A NON-PROFIT CORPORATION FORMED AND OPERATED TO ENCOURAGE THE DEVELOPMENT OF INNOVATIVE, SUSTAINABLE PROJECTS AND PROGRAMS THAT RESPOND TO CRITICAL GLOBAL HEALTH CRISES. ITS PRINCIPAL ACTIVITY TO DATE IS THE CREATION OF A CLINICAL TRAINING AND RESEARCH CENTER, THE INFECTIOUS DISEASES INSTITUTE, WHICH IS PART OF MAKERERE UNIVERSITY, A PUBLIC UNIVERSITY LOCATED IN UGANDA (AS DESCRIBED IN GREATER DETAIL BELOW).

ACCORDIA WAS INCORPORATED IN SEPTEMBER 2003 AND RECEIVED ITS 501(C)(3) DETERMINATION FROM THE INTERNAL REVENUE SERVICE IN A LETTER, DATED FEBRUARY 3, 2004. IN THE DETERMINATION LETTER, THE IRS ALSO RULED THAT ACCORDIA COULD BE EXPECTED TO BE "PUBLICLY SUPPORTED" DURING THE ADVANCE RULING PERIOD ENDING DECEMBER 31, 2007. AS REQUIRED, ACCORDIA FILED FORM 8734 ALONG WITH A FACTS AND CIRCUMSTANCES NARRATIVE ON MARCH 31, 2008 IN AN EFFORT TO OBTAIN FORMAL CLASSIFICATION AS A PUBLIC CHARITY.

IN APRIL 2008, ACCORDIA RECEIVED A LETTER FROM THE IRS CONFIRMING ACCORDIA'S CONTINUED CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTIONS 170(B)(1)(A)(VI) AND 509(A)(1) OF THE INTERNAL REVENUE CODE BY VIRTUE OF THE FACTS AND CIRCUMSTANCES TEST SET FORTH IN SECTION 1.170A-9(E)(3) OF THE TREASURY REGULATIONS.

THE PRINCIPAL FACTS AND CIRCUMSTANCES DEMONSTRATING ACCORDIA'S PUBLIC SUPPORT ARE DESCRIBED IN GREATER DETAIL BELOW.

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

MANDATORY FACTORS:

THE PERTINENT TREASURY REGULATIONS IDENTIFY TWO PRELIMINARY FACTORS THAT MUST BE SATISFIED IN ORDER FOR AN ORGANIZATION, SUCH AS ACCORDIA, TO TAKE ADVANTAGE OF THE FACTS AND CIRCUMSTANCES TEST: THE ORGANIZATION MUST HAVE AT LEAST TEN PERCENT (10%) PUBLIC SUPPORT, AND IT MUST BE OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT. TREAS. REG. §1.170A-9(E)(3)(I), (II).

ACCORDIA SATISFIES BOTH OF THESE REQUIREMENTS AND IS THUS ENTITLED TO TAKE ADVANTAGE OF THE FACTS AND CIRCUMSTANCES TEST.

(1) AS DEMONSTRATED IN ITS 2009 FORM 990 SCHEDULE A, ACCORDIA RECEIVED MORE THAN 27% OF ITS SUPPORT IN CONTRIBUTIONS FROM GOVERNMENTAL ENTITIES AND THE GENERAL PUBLIC DURING THE YEAR. THIS SUBSTANTIAL LEVEL OF PUBLIC SUPPORT SATISFIES THE TEN PERCENT SUPPORT REQUIREMENT.

(2) IN ITS CONTINUOUS EFFORT TO MEET AND EXCEED 33.33% PUBLIC SUPPORT, ACCORDIA HAS ESTABLISHED A CONSISTENT AND ON-GOING PROGRAM FOR THE SOLICITATION OF CHARITABLE CONTRIBUTIONS FROM GOVERNMENTAL ENTITIES AND THE GENERAL PUBLIC TO SUPPORT ITS EXEMPT ACTIVITIES AND PROGRAMS. ACCORDIA'S EFFORTS INCLUDE AN ANNUAL FUND RAISING EVENT AND ACTIVE WEBSITES WHICH REITERATE ACCORDIA'S MISSION AND ENCOURAGE PUBLIC SUPPORT BY MAKING ON-LINE CONTRIBUTING ACCESSIBLE AND CONVENIENT. ACCORDIA ALSO SENDS QUARTERLY MASS MAILINGS REQUESTING SUPPORT FROM ITS EXISTING DONOR BASE IN ORDER TO FACILITATE THOSE DONORS WHO PREFER TO CONTRIBUTE BY POST OR TELEPHONE.

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

IN ADDITION, ACCORDIA HAS RECEIVED, AND CONTINUES TO SOLICIT, GRANTS AND PROMISES OF SUPPORT FROM A NUMBER OF GOVERNMENT ENTITIES AND PUBLIC UNIVERSITIES, INCLUDING ANNUAL SUPPORT FROM THE U.S. DEPARTMENT OF DEFENSE TO SUPPORT HIV TRAINING IN UGANDA. THIS GRANT HAS INCREASED EVERY YEAR. ACCORDIA HAS ALSO RECEIVED GRANTS FROM USAID, THE UNIVERSITY OF WASHINGTON AND JOHN HOPKINS UNIVERSITY. IT HAS SUCCESSFULLY SOLICITED SIGNIFICANT SUPPORT FROM THE BILL AND MELINDA GATES FOUNDATION TO INVESTIGATE THE MOST COST EFFECTIVE WAY TO BUILD CAPACITY FOR THE CARE AND PREVENTION OF INFECTIOUS DECEASE AMONG MID LEVEL PRACTITIONERS IN SUB SAHARAN AFRICA.

ACCORDIA SATISFIES THE FACTORS IDENTIFIED IN THE TREASURY REGULATIONS AND IS THUS ENTITLED TO CONTINUED CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION.

THE FOLLOWING CHART SUMMARIZES THE NUMBER AND AMOUNT OF DONATIONS FROM ALL SOURCES BY YEAR:

	NUMBER OF DONORS	AMOUNT CONTRIBUTED
2003	1	\$ 100,000
2004	15	2,667,091
2005	121	4,403,045
2006	170	11,268,216
2007	157	9,981,118
2008	167	9,545,131
2009	121	9,169,987

ACCORDIA'S BOARD OF DIRECTORS IS COMPOSED OF A BROAD ARRAY OF

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

INDIVIDUALS REPRESENTING DIVERSE PUBLIC INTERESTS AS WELL AS YEARS OF EXPERIENCE AND EXPERTISE IN THE FIELD OF INFECTIOUS DISEASE. OVER THE PAST FOUR AND A HALF YEARS, IT HAS INCLUDED: H.E. JANET MUSEEVNI, FIRST LADY OF THE REPUBLIC OF UGANDA; DR. LOUIS SULLIVAN, PRESIDENT EMERITUS, MOREHOUSE SCHOOL OF MEDICINE AND FORMER SECRETARY OF THE US DEPT OF HEALTH AND HUMAN SERVICES; DR. KING HOLMES, PROFESSOR OF MEDICINE AND DIRECTOR OF THE CENTER FOR AIDS AND STD AT THE UNIVERSITY OF WASHINGTON AND DR. NELSON SEWANKAMBO PROFESSOR OF MEDICINE AND DEAN OF MAKERERE UNIVERSITY MEDICAL SCHOOL IN KAMPALA, UGANDA. ITS CURRENT BOARD ALSO BOASTS THE PARTICIPATION OF DR. JULIE GERBERDING, FORMER DIRECTOR OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION FROM 2002- 2009 AND CURRENT PRESIDENT OF MERCK VACCINES AND MR. HITOMITSU OGAWA, FOUNDER AND EXECUTIVE CHAIRMAN OF THE BOARD FOR CAI INTERNATIONAL.

ACCORDIA RECRUITS DIRECTORS SPECIFICALLY TO PROVIDE EXPERTISE AND WIDE-RANGING VIEWPOINTS AS REPRESENTATIVE OF THE PUBLIC HEALTH/INFECTIOUS DISEASE COMMUNITY. ACCORDIA'S DIRECTORS EACH HAVE SPECIAL KNOWLEDGE OR EXPERTISE. 2009 ACCORDIA BOARD MEMBERS, THEIR TITLES AND AFFILIATIONS ARE:

NAME	TITLE	AFFILIATION
HENRY MCKINNELL	RETIRED CHAIRMAN	PFIZER, INC.
WARNER GREENE	DIR/SR INVESTIGATOR	GLADSTONE INSTITUTE
NELSON SEWANKAMBO	PRINCIPAL	MU-COLLEGE OF HEALTH SVC
ROBERT MALLETT	PRESIDENT, SVP	PFIZER FDN. & PFIZER, INC.
GARY M. COHEN	EXECUTIVE VP	BECTON, DICKINSON & COMPANY
CAROL SPAHN	EXECUTIVE DIRECTOR	ACCORDIA GLOBAL HEALTH FDN
JOE FECZKO	RETIRED SVP/CMO	PFIZER, INC.
DONALD A. HOLZWORTH	CHAIRMAN	FUTURES GROUP INTERNATIONAL

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

FRED PORT	RETIRED PRESIDENT	CALLAWAY GOLF INTERNATIONAL
KATHERINE BURKE	GLOBAL HEALTH ADVOCATE	
TOMMY G. THOMPSON	FORMER GOVR OF WI	AKIN GUMP STRAUSS HAUER FELD
MARK R. DYBUL	AMBASSADOR	O' NEIL INSTITUTE FOR NGHL
JULIE GERBERDING	PRES, MERCK VACCINES MERCK & CO., INC.	
HIROMITSU OGAWA	MGMT PARTNER/FOUNDER QUEST VENTURE PARTNERS	

IN ADDITION, ACCORDIA HAS A LARGE AND EXCEPTIONALLY DISTINGUISHED PANEL OF SCIENTIFIC ADVISORS, THE INTERNATIONAL SCIENTIFIC ADVISORY BOARD, WHICH FURTHER EXPANDS THE SCOPE OF ITS PUBLIC REPRESENTATION AND OUTREACH. CURRENT SCIENTIFIC ADVISORS TO ACCORDIA INCLUDE THE FOLLOWING MEDICAL EXPERTS:

NAME	TITLE	AFFILIATION
DAVID BANGSBERG	ASSOCIATE PROFESSOR	PARTNER AIDS RESEARCH CTR, MA
JOHN BARTLETT	CHIEF, DIV. OF ID	JOHNS HOPKINS UNIVERSITY
DAVID DURACK	SVP CORP MED AFFAIRS	BECTON DICKINSON & COMPANY
NICK HELLMANN	INTERIM DIR, HIV	BILL & MELINDA GATES FDN.
KING K. HOLMES	PROF. OF MEDICINE	UNIVERSITY OF WASHINGTON
HOWARD JAFFE	PRESIDENT/CHAIRMAN	GILEAD FOUNDATION
JOEP LANGE	PROF. OF MEDICINE	UNIVERSITY OF AMSTERDAM
FRED MHALU	PROF., MICROBIO/IMM.	MUHIMBILI UNIVERSITY
MAIRIN RYAN	CHIEF PHARMACIST	TRINITY COLLEGE DUBLIN
PAUL VOLBERDING	PROF./VICE CHAIR	UCSF DEPARTMENT OF MEDICINE
CATHY WILFERT	SCIENTIFIC DIRECTOR	ELIZ. GLASER PEDIATRIC AIDS

ACCORDIA CONTINUES TO DIRECT ITS PRINCIPAL EXEMPT ACTIVITIES TO MEMBERS OF THE PUBLIC, RATHER THAN BENEFITING ITS CREATORS, DIRECTORS OR ADVISORS.

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

FOR EXAMPLE, ACCORDIA'S MISSION OF OVERCOMING THE BURDEN OF INFECTIOUS DISEASES BY BUILDING HEALTHCARE CAPACITY AND STRENGTHENING ACADEMIC MEDICAL INSTITUTIONS IN AFRICA IS BEING REALIZED THROUGH ACCORDIA'S INAUGURAL PROJECT: THE IMPLEMENTATION OF THE INFECTIOUS DISEASES INSTITUTE (IDI) AT MAKERERE UNIVERSITY IN KAMPALA, UGANDA. THROUGH THE IDI, ACCORDIA IS EXPANDING HEALTHCARE CAPACITY IN SUB-SAHARAN AFRICA AND STRENGTHENING MAKERERE UNIVERSITY, WHICH IS A PUBLIC UNIVERSITY.

THE IDI IS AN INSTRUCTIVE, RESEARCH, AND CLINICAL ORGANIZATION WITH SPECIFIC PROGRAMS THAT ADDRESS THE RESEARCH AND EDUCATIONAL NEEDS OF TODAY AND PREPARE FOR THE ANTICIPATED CHALLENGES OF TOMORROW. TO DATE, MORE THAN 5,591 DOCTORS, NURSES, AND OTHER HEALTHCARE PROVIDERS FROM 27 AFRICAN COUNTRIES HAVE BEEN TRAINED AT IDI. THE IDI ALSO TRAINS MAKERERE UNIVERSITY MEDICAL STUDENTS AND RESIDENTS IN THE LATEST HIV/AIDS PREVENTION AND TREATMENT PROTOCOLS. CURRENTLY, IN ITS CLINIC, 16,000 ACTIVE PATIENTS ARE COUNSELED AND TREATED THROUGH OVER 150,000 CLINICAL VISITS ANNUALLY.

ACCORDIA RECRUITS AND SENDS INFECTIOUS DISEASE EXPERTS FROM NORTH AMERICA, EUROPE, AND OTHER PARTS OF AFRICA TO THE IDI TO MENTOR AND SUPPORT IDI'S MEDICAL STUDENTS AND CLINICAL SCHOLARS AS PART OF ITS PROFESSOR IN RESIDENCE (PIR) PROGRAM. THESE EXPERTS SPEND ANYWHERE FROM TWO WEEKS TO A MONTH ON CAMPUS AS A VISITING PROFESSOR: TEACHING MEDICAL STUDENTS, GIVING LECTURES, PROVIDING CLINICAL CONSULTATIONS AND MAKING WARD ROUNDS AT THE TEACHING HOSPITAL AND INFECTIOUS DISEASE CLINICS. THEY PLAN JOURNAL DISCUSSIONS, HOLD CLINICAL DATA SESSIONS, AND MAKE INTERACTIVE CASE PRESENTATIONS WITH UNDERGRADUATE AND GRADUATE MEDICAL STUDENTS. THE VISITING PROFESSORS ALSO MEET WITH STAFF AT ALL LEVELS TO

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

PROVIDE COUNSEL AND OFFER CAREER ADVICE. BECAUSE OF THE STRONG MENTORING ROLE THESE VISITING PROFESSORS CAN HAVE ON STUDENTS AND FACULTY AT PARTNERING UNIVERSITIES, THE PROGRAM IS AN ESSENTIAL COMPONENT OF ACCORDIA'S GOAL TO STRENGTHEN ACADEMIC MEDICAL INSTITUTIONS IN AFRICA.

WITH THE ACTIVE AND FINANCIAL SUPPORT OF ACCORDIA, THE IDI HAS 39 RESEARCH PROGRAMS CURRENTLY UNDERWAY; ALL AIMED AT IMPROVING CLINICAL CARE AT THE BEDSIDE AND ADVANCING PREVENTION AND TREATMENT STRATEGIES. THE RESEARCH PROGRAM AT IDI HAS PRODUCED 91 PUBLISHED ARTICLES AND 130 RESEARCH ABSTRACT PRESENTATIONS. THE IDI LABORATORY, ONE OF ONLY THREE COLLEGE OF AMERICAN PATHOLOGISTS ACCREDITED RESEARCH FACILITIES IN AFRICA, ENABLES IDI TO CONDUCT THE MAJORITY OF ITS RESEARCH PROJECTS ONSITE. RESEARCH FINDINGS NOT ONLY INFORM CLINICAL CARE, BUT ARE INCORPORATED INTO IDI TRAINING PROGRAMS.

ACCORDIA'S AIMS OF FURTHERING THE CARE AND PREVENTION OF INFECTIOUS DISEASE IN AFRICA ARE FURTHER SUPPORTED BY ACCORDIA'S 2009 INFECTIOUS DISEASES SUMMIT. THIS SUMMIT IS A UNIQUE OPPORTUNITY TO BRING TOGETHER THE MOST INFLUENTIAL LEADERS IN INFECTIOUS DISEASE FROM THE WORLDS OF SCIENCE, ACADEMIA, GOVERNMENT, NGO'S, AND INDUSTRY TO IDENTIFY NEW AND COLLABORATIVE PATHS TOWARD REAL PROGRESS AGAINST THIS HEALTHCARE CRISIS. THE 2009 INFECTIOUS DISEASES SUMMIT BROUGHT TOGETHER GLOBAL LEADERS IN ACADEMIA, GOVERNMENT, NGOS, AND INDUSTRY FROM 21 COUNTRIES AND FEATURED A KEYNOTE ADDRESS BY THE FIRST LADY OF THE REPUBLIC OF UGANDA. H.E. JANET MUSEEVNI.

THE SUMMIT'S OBJECTIVES INCLUDE THE STRENGTHENING OF COLLABORATIVE PARTNERSHIPS BETWEEN INDUSTRY, SCIENCE & ACADEMIA, DEVELOPMENT AND GOVERNMENT; DISCUSSIONS SURROUNDING BETTER COORDINATION AND EVALUATION OF

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

PROJECTS AND HOW SUCCESSFUL MODELS CAN BE REPLICATED; AND THE NETWORKING AND IDENTIFICATION OF PARTNERING OPPORTUNITIES ACROSS TOPICS THAT LEVERAGE THE COMPLIMENTARY CAPABILITIES OF PARTICIPANTS.

CONCLUSION:

BY VIRTUE OF THE FACT THAT ACCORDIA SATISFIES THE TWO REQUIRED FACTORS AND THE OTHER FACTORS TENDING TO SHOW PUBLIC SUPPORT, ACCORDIA IS ENTITLED TO CONTINUED CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION DESCRIBED IN SECTIONS 170(B)(1)(A)(VI) AND 509(A)(1) OF THE INTERNAL REVENUE CODE.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

04-3774897

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>21,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>10,096.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 8,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 349,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 177,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 5,515,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<hr/> <hr/> <hr/>	\$ 33,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/> <hr/>	\$ 583,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	<hr/> <hr/> <hr/> <hr/>	\$ 225,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

04-3774897

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	1062195.				
b Contributions	1000000.	1012307.			
c Net investment earnings, gains, and losses	148,483.	49,889.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2210678.	1062196.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - 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 | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,681,568.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,139,240.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	542,328.
4	Net unrealized gains (losses) on investments	4	261,005.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	261,005.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	803,333.

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	9,051,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	261,005.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	108,975.
e	Add lines 2a through 2d	2e	369,980.
3	Subtract line 2e from line 1	3	8,681,568.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,681,568.

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

1	Total expenses and losses per audited financial statements	1	8,248,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	108,975.
e	Add lines 2a through 2d	2e	108,975.
3	Subtract line 2e from line 1	3	8,139,240.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,139,240.

Part XIV Supplemental Information

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

PART V, LINE 4: THE FUNDS ARE TO BE USED TO SPONSER THE

SANDE-MCKINNELL DIRECTOR OF THE IDI, PAYING FOR HIS SALARY, ETC.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES.FOR THE YEARS ENDED DECEMBER 31,

2009 AND 2008, ACCORDIA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC

740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR

Part XIV Supplemental Information (continued)

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D AND PART XIII, LINE 2D:

SPECIAL EVENT EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND
NETTED AGAINST INCOME ON FORM 990, PART VIII, LINE 8B.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization ACCORDIA GLOBAL HEALTH FOUNDATION
Employer identification number 04-3774897

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.	INFECTIOUS DISEASE TRAINING AND TREATMENT SERVICES.	5,329,729.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES		423,074.
Totals	0	0			5,752,803.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FOR CORE OPERATIONS OF THE INFECTIOUS DISEASES INSTITUTE IN UGANDA	3,594,619.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO FUND PFIZER FELLOWS, TO WORK AT THE IDI IN UGANDA	10,050.	WIRE	0.		
		SUB-SAHARAN AFRICA	IN PARTNERSHIP WITH BECTON DICKENSON FOR TRAINING OF LAB WORKERS IN UGANDA	135000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO OFFER CURRICULUM DEVELOPMENT ASSISTANCE, SUPPORT TO THE VOLUNTEERS AND	146500.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO TRAIN AFRICAN HEALTHCARE PROVIDERS IN MALARIA CARE AND TREATMENT AND TO	409032.	WIRE	0.		
		SUB-SAHARAN AFRICA	IN PARTNERSHIP WITH GILEAD FOR TRAINING OF DOCTORS IN UGANDA	296277.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO BUILD LOCAL CAPACITY THROUGHOUT AFRICA AND TRAIN HEALTH PROFESSIONALS	550346.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO TRAIN 10 AFRICAN HEALTHCARE PROVIDERS IN AN HIV/AIDS TRAINING COURSE AT	28,350.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 9

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Part IV Supplemental Information

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

SCHEDULE F, PART I, LINE 2: TO MONITOR THE USE OF GRANT FUNDS OUTSIDE THE US, ACCORDIA REQUIRES CONTRACTS TO BE SIGNED BY ALL INVOLVED PARTIES, ADHERENCE TO PROGRAM OBJECTIVES, INTERIM AND FINAL REPORTING. FUNDS ARE NOT RELEASED UNTIL A CONTRACT IS IN PLACE AND CERTAIN REPORTING IS COMPLETED BY THE RECEIVING ENTITY.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO OFFER CURRICULUM DEVELOPMENT ASSISTANCE, SUPPORT TO THE VOLUNTEERS AND PARTNERS DURING TRAINING PROGRAM EXECUTION, AND LOGISTICAL SUPPORT FOR BD'S VOLUNTEERS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO TRAIN AFRICAN HEALTHCARE PROVIDERS IN MALARIA CARE AND TREATMENT AND TO BROADEN THE IDI'S ROLE IN ADDRESSING INFECTIOUS DISEASES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO BUILD LOCAL CAPACITY THROUGHOUT AFRICA AND TRAIN HEALTH PROFESSIONALS IN HIV/AIDS CARE AND PREVENTION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO TRAIN 10 AFRICAN HEALTHCARE PROVIDERS IN AN HIV/AIDS TRAINING COURSE AT THE IDI IN UGANDA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO BUILD LOCAL CAPACITY TO TRAIN AND RETAIN NIGERIAN HEALTH PROFESSIONALS IN INFECTIOUS DISEASE AND CARE PREVENTION

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	GOLF TOURNAMENT	NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	349,750.	10,204.		359,954.
	2	Less: Charitable contributions	6,750.	3,665.		10,415.
	3	Gross income (line 1 minus line 2)	343,000.	6,539.		349,539.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	19,046.			19,046.
	7	Food and beverages	37,515.	2,268.		39,783.
	8	Entertainment		1,397.		1,397.
	9	Other direct expenses	48,749.			48,749.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(108,975)
	11	Net income summary. Combine line 3, column (d), and line 10				240,564.

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	Noncash 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 line 1, column (d), and line 7				

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

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter 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? **15a**

- 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 of the third party:

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? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
15a		
17a		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

04-3774897

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> <p><input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<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>	X	
<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> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<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>		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</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>		X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<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>		X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<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>		X
<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>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL SPAHN	(i)	197,708.	0.	0.	9,874.	6,918.	214,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KELLY WILLIS	(i)	161,285.	0.	0.	7,358.	10,584.	179,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA SADLER	(i)	170,000.	0.	0.	5,833.	10,504.	186,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

04-3774897

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTNERSHIP AND DIRECTS A WEALTH OF MEDICAL EXPERTISE AND INTERNATIONAL
EXPERIENCE TO BUILD AND PROVE INNOVATIVE APPROACHES TO AFRICA'S
HEALTHCARE CRISIS AND TO STRENGTHEN HEALTHCARE SYSTEMS FOR FUTURE
GENERATIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN WAS PREPARED BY
OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT 990 WAS
REMITTED TO THE AUDIT COMMITTEE CHAIR FOR FINAL REVIEW AND APPROVAL. A COPY
OF THE FINAL 990 WAS SENT TO THE ENTIRE BOARD BEFORE IT WAS FILED WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: TO MONITOR AND ENFORCE COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY, ACCORDIA HAS ALL NEW STAFF AND BOARD
MEMBERS EVALUATE THEIR POSSIBLE CONFLICTS OF INTEREST AND THEY MUST SIGN A
FORM STATING THEY HAVE NO CONFLICTS, OR DISCLOSING THEIR CONFLICTS.
ADDITIONALLY, ACCORDIA ANNUALLY HAS STAFF AND MEMBERS OF THE BOARD
REEVALUATE THEIR POSITION AND SIGN A NEW CONFLICT OF INTEREST POLICY, WHICH
IS KEPT ON FILE AT THE ACCORDIA OFFICE.

IF A CONFLICT OF INTEREST HAS BEEN DETERMINED, ACCORDIA TAKES THE NECESSARY
DISCIPLINARY ACTION AGAINST THE EMPLOYEE OR INDIVIDUAL, UP TO AND INCLUDING
IMMEDIATE TERMINATION OF EMPLOYMENT, PERSONAL, LEGAL AND/ OR FINANCIAL
LIABILITY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEWED
AND APPROVED A SALARY BAND FOR 2009 FOR DIRECTORS AND KEY EMPLOYEES. AN
INDEPENDENT SALARY REPORT WAS RECEIVED FROM A REPUTABLE RESEARCH COMPANY

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

04-3774897

AND THIS INFORMATION WAS USED TO DEVISE A SALARY BAND PER DEPARTMENTAL
RESPONSIBILITIES. PROPRIETARY INFORMATION IS KEPT IN A PASSWORD PROTECTED
FILE BY SENIOR MANAGEMENT. THE DATA INVOLVED A COMPARABLE VIEW OF DATA IN
THE MARKET, THE INDUSTRY IN ADDITION TO THE RATED QUALITY PERFORMANCE OF
MANAGEMENT.

OTHER OFFICERS ARE ALSO EVALUATED BASED ON PERFORMANCE AND THE DATA IN THE
MARKET BASED ON THE INDUSTRY AND WHAT IS INVOLVED IN THE EMPLOYEE'S CURRENT
ROLE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, NY, NM, NJ, NH, ND, NC, MS
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY
AVAILABLE TO PUBLIC UPON REQUEST IN ADDITION TO BEING POSTED ON ACCORDIA'S
WEBSITE.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization ACCORDIA GLOBAL HEALTH FOUNDATION	Employer identification number 04-3774897
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 14TH STREET, NW, NO. 801	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005-5601	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

HUILIAN JI

• The books are in the care of **▶ 1101 14TH STREET, SUITE 801 - WASHINGTON, DC 20005-5601**
 Telephone No. **▶ (202) 534-1200** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature **▶** _____ Title **▶ CPA** Date **▶** _____