

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>ACCORDIA GLOBAL HEALTH FOUNDATION</b> Doing Business As	<b>D</b> Employer identification number <b>04-3774897</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1101 14TH STREET, NW 801</b>	<b>E</b> Telephone number <b>(202) 534-1200</b>
<input type="checkbox"/> Name change	City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20005-5601</b>	<b>G</b> Gross receipts \$ <b>8,385,918.</b>
<input type="checkbox"/> Initial return	<b>F</b> Name and address of principal officer: <b>CAROL SPAHN</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>J</b> Website: <b>WWW.ACCORDIAFOUNDATION.ORG</b>	If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>H(c)</b> Group exemption number ▶
	<b>L</b> Year of formation: <b>2003</b>	<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total 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.
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	8,100,244.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		340,760.	269,200.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		240,564.	-14,602.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,681,568.	8,357,936.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,329,729.	3,899,101.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,233,951.	1,653,473.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	57,055.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>463,031.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,518,505.	3,229,092.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,139,240.	8,781,666.
19 Revenue less expenses. Subtract line 18 from line 12	542,328.	-423,730.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	15,090,013.	12,167,269.
	21 Total liabilities (Part X, line 26)	5,929,423.	3,193,805.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,160,590.	8,973,464.

**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.

<b>Sign Here</b>	Signature of officer 	Date <b>7/28/11</b>
	<b>CAROL SPAHN, EXECUTIVE DIRECTOR</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Preparer's signature 
	Firm's address <b>4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MD 20814-2930</b>	Date <b>4/27/11</b>
	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	Phone no. <b>(301) 951-9090</b>	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [ ]

1 Briefly describe the organization's mission:
ACCORDIA OVERCOMES THE BURDEN OF INFECTIOUS DISEASES IN AFRICA BY CREATING INNOVATIVE HEALTH MODELS, BUILDING CENTERS OF EXCELLENCE AND STRENGTHENING MEDICAL INSTITUTIONS.

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,602,813. including grants of \$ 3,899,101. ) (Revenue \$ )
FUNDS RECEIVED BY ACCORDIA ARE 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 7,602,813.

**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> .....	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	2 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> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 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> .....	6	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> .....	7	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> .....	8	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> .....	9	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> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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> .....	11a	X
b 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> .....	11b	X
c 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> .....	11c	X
d 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> .....	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	11e	X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	11f X	
12a 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> .....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	14b 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, Parts II and IV</i> .....	15 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, Parts III and IV</i> .....	16	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> .....	17	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> .....	18 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> .....	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	20b	

**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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		14
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		13
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 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**

Check if Schedule O contains a response to any question in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
WARNER GREENE PRESIDENT & DIRECTOR	10.00	X		X			95,000.	0.	4,750.	
HANK MCKINNELL CHAIRMAN	4.00	X		X			0.	0.	0.	
ROBERT L. MALLETT TREASURER	4.00	X		X			0.	0.	0.	
GARY COHEN DIRECTOR	4.00	X					0.	0.	0.	
HIRO OGAGWA 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.	
KATHY BURKE DIRECTOR	4.00	X					0.	0.	0.	
JULIE GERBERDING DIRECTOR	4.00	X					0.	0.	0.	
MARK DYBUL DIRECTOR	4.00	X					0.	0.	0.	
ANNE COLLINS DIRECTOR	4.00	X					0.	0.	0.	
ZANNE MRLIK DIRECTOR	4.00	X					0.	0.	0.	
CAROL SPAHN EXECUTIVE DIRECTOR	32.00			X			200,000.	0.	26,456.	
KELLY WILLIS SR. VP OF DEV PROGRAM	40.00					X	170,000.	0.	19,943.	
NANCY BLUM VP. OF DEV. PROG	40.00					X	140,000.	0.	13,746.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....						
	b	Membership dues .....						
	c	Fundraising events .....	217,001.					
	d	Related organizations .....						
	e	Government grants (contributions) .....	335,587.					
	f	All other contributions, gifts, grants, and similar amounts not included above .....	7550750.					
	g	Noncash contributions included in lines 1a-1f: \$ .....	146,050.					
	h	<b>Total.</b> Add lines 1a-1f .....	8103338.					
	Program Service Revenue	2 a _____ Business Code _____						
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....	269,200.			269,200.		
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real					
			(ii) Personal					
			b	Less: rental expenses .....				
			c	Rental income or (loss) .....				
	d	Net rental income or (loss) .....						
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses .....				
			c	Gain or (loss) .....				
	d	Net gain or (loss) .....						
	8 a	Gross income from fundraising events (not including \$ 217,001. of contributions reported on line 1c). See Part IV, line 18 .....	a	13,380.				
			b	Less: direct expenses .....	27,982.			
c			Net income or (loss) from fundraising events .....	-14,602.			-14,602.	
9 a	Gross income from gaming activities. See Part IV, line 19 .....	a						
		b	Less: direct expenses .....					
		c	Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a						
		b	Less: cost of goods sold .....					
		c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code						
11 a	_____							
b	_____							
c	_____							
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....							
12	<b>Total revenue.</b> See instructions. ....		8357936.	0.	0.	254,598.		

**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	3,899,101.	3,899,101.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	326,206.	97,862.	131,830.	96,514.
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	1,068,498.	552,442.	352,721.	163,335.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,250.	25,190.	15,847.	7,213.
9 Other employee benefits	106,792.	52,998.	35,189.	18,605.
10 Payroll taxes	103,727.	48,759.	35,847.	19,121.
11 Fees for services (non-employees):				
a Management				
b Legal	9,028.	4,244.	3,120.	1,664.
c Accounting	36,227.	20,593.	10,196.	5,438.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,047,062.	2,012,653.	20,596.	13,813.
12 Advertising and promotion				
13 Office expenses	225,224.	106,871.	45,640.	72,713.
14 Information technology	44,882.	44,127.	452.	303.
15 Royalties				
16 Occupancy	104,138.	48,952.	35,990.	19,196.
17 Travel	336,160.	290,171.	17,685.	28,304.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	321,923.	301,118.	6,336.	14,469.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12,438.	5,846.	4,299.	2,293.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STIPENDS	84,652.	84,652.		
b PENSION ADMIN FEES	3,979.	3,912.	40.	27.
c PAYROLL SERVICES	3,379.	3,322.	34.	23.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,781,666.	7,602,813.	715,822.	463,031.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 .....	4,536,929.	2
	3	Pledges and grants receivable, net .....	983,286.	3
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....		8
	9	Prepaid expenses and deferred charges .....	96,628.	9
	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 .....	9,463,718.	11
	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 .....	9,452.	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	15,090,013.	16	
Liabilities	17	Accounts payable and accrued expenses .....	376,592.	17
	18	Grants payable .....	5,552,831.	18
	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	<b>Total liabilities.</b> Add lines 17 through 25 .....	5,929,423.	26
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 .....	4,868,699.	27
	28	Temporarily restricted net assets .....	4,291,891.	28
	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	<b>Total net assets or fund balances</b> .....	9,160,590.	33
	34	<b>Total liabilities and net assets/fund balances</b> .....	15,090,013.	34

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,357,936.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,781,666.
3	Revenue less expenses. Subtract line 2 from line 1	3	-423,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,160,590.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	236,603.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,973,463.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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 separate basis, consolidated 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.		

Form 990 (2010)



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,054,001.	9,965,030.	14,163,038.	8,100,244.	8,103,338.	51,385,651.
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 .....	11,054,001.	9,965,030.	14,163,038.	8,100,244.	8,103,338.	51,385,651.
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) .....						36,690,070.
6 Public support. Subtract line 5 from line 4.						14,695,581.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	11,054,001.	9,965,030.	14,163,038.	8,100,244.	8,103,338.	51,385,651.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	161,625.	349,133.	2,252.	340,760.	269,200.	1,122,970.
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.) .....	37,408.	101.	2,088.		341.	39,938.
11 Total support. Add lines 7 through 10 .....						52,548,559.
12 Gross receipts from related activities, etc. (see instructions) .....					12	803,454.
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 .....						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	27.97 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	27.01 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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. Also complete this part for any additional information. (See instructions).

**PART II, SECTION C, 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(F)(3) OF THE TREASURY REGULATIONS.

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

**MANDATORY FACTORS**

**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. Also complete this part for any additional information. (See instructions).

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. SECTION 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 2010 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.

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.

**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. Also complete this part for any additional information. (See instructions).

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 LIST OF PUBLIC DONORS HAS GROWN EACH YEAR SINCE ITS INCEPTION IN 2003. 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
2010	333	\$8,116,718

ACCORDIA'S BOARD OF DIRECTORS IS COMPOSED OF A BROAD ARRAY OF INDIVIDUALS REPRESENTING DIVERSE PUBLIC INTERESTS AS WELL AS YEARS OF EXPERIENCE AND EXPERTISE IN THE FIELD OF INFECTIOUS DISEASE. OVER THE PAST FIVE AND A HALF YEARS, IT HAS INCLUDED: DR. LOUIS SULLIVAN, PRESIDENT EMERITUS,

**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. Also complete this part for any additional information. (See instructions).

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. 2010 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	EVP & GENERAL COUNSEL	UNITED HEALTH GROUP (PSMG)
GARY M. COHEN	EXEC. VICE PRESIDENT	BECTON, DICKINSON AND CO.
CAROL SPAHN	EXEC. DIRECTOR	ACCORDIA GLOBAL HEALTH FNDD.
JOE FECZKO	RET. SEN. V.P. & CMO	PFIZER INC.
ANNE COLLINS	GLOBAL HEALTH ADVOCATE	
DONALD HOLZWORTH	CHAIRMAN	FUTURES GROUP INTERNATIONAL
FRED PORT	RETIRED PRESIDENT	CALLAWAY GOLF INTERNATIONAL
KATHERINE BURKE	GLOBAL HEALTH ADVOCATE	
TOMMY G THOMPSON	FORMER GOV. OF WI	AKIN GUMP STRAUSS HAUER FELD
MARK R. DYBUL	AMBASSADOR	O'NEILL INSTITUTE FOR NGHL

**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. Also complete this part for any additional information. (See instructions).

JULIE GERBERDING PRES. MERCK VAC. MERCK & CO., INC.

SUZANNE SANDE MRLIK GLOBAL HEALTH ADVOCATE

HIROMITSU OGAWA MAN. PARTNER & FDR. 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	ASSOC. PROF.	PARTNER AIDS RESEARCH CTR.
JOHN BARTLETT	CHIEF, DID	JOHNS HOPKINS UNIVERSITY
DAVID DURACK	SEN. V.P., CORP. MED.	BECTON DICKINSON & CO.
NICK HELLMANN	DIR.HIV.REPRO HEALTH	BILL AND MELINDA GATES FNDD.
KING K. HOLMES	PROF. OF MEDICINE	UNIVERSITY OF WASHINGTON
HOWARD JAFFE	PRES.& CHAIRMAN	GILEAD FOUNDATION
JOEP LANGE	PROF. OF MEDICINE,	UNIVERSITY OF AMSTERDAM
FRED MHALU	PROF., MICRO. & IMMUN.	MUHIMBILI UNIVERSITY
MAIRIN RYAN	CHIEF PHARMACIST	TRINITY COLLEGE DUBLIN
PAUL VOLBERDING	PROF. AND VICE CHAIR	UCSF DEPT. OF MEDICINE
CATHY WILFERT	SCI. DIR.	E.G. PEDIATRIC AIDS FNDD.

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

CONTINUATION.

ACCORDIA CONTINUES TO DIRECT ITS PRINCIPAL EXEMPT ACTIVITIES TO MEMBERS OF THE PUBLIC, RATHER THAN BENEFITING ITS CREATORS, DIRECTORS OR ADVISORS. FOR EXAMPLE, ACCORDIA'S MISSION OF OVERCOMING THE BURDEN OF INFECTIOUS DISEASES BY BUILDING HEALTHCARE CAPACITY AND STRENGTHENING ACADEMIC

**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. Also complete this part for any additional information. (See instructions).

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 6,800 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 PROVIDE COUNSEL AND OFFER CAREER ADVICE. BECAUSE OF THE STRONG MENTORING ROLE THESE VISITING PROFESSORS CAN HAVE ON STUDENTS AND FACULTY AT PARTNERING

**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. Also complete this part for any additional information. (See instructions).

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 133 PUBLISHED ARTICLES AND 148 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 2010 INFECTIOUS DISEASES SUMMIT. ACCORDIA GLOBAL HEALTH FOUNDATION, IN PARTNERSHIP WITH THE INFECTIOUS DISEASES INSTITUTE (IDI) OF MAKERERE UNIVERSITY AND THE FOGARTY INTERNATIONAL CENTER AT THE US NATIONAL INSTITUTES OF HEALTH, HOSTED ACCORDIA'S THIRD ANNUAL INFECTIOUS DISEASES SUMMIT ON APRIL 15-16 IN DAR ES SALAAM, TANZANIA. THE INFECTIOUS DISEASES SUMMIT SERIES IS AN INVITATION-ONLY EVENT DESIGNED TO BRING TOGETHER KEY LEADERS AND EXPERTS FROM THE PRIVATE SECTOR, GOVERNMENT, NGOS, FOUNDATIONS, AND ACADEMIA IN A TWO-DAY, HIGH-LEVEL STRATEGIC MEETING TO ADDRESS ISSUES RELATED TO LONG-TERM HEALTHCARE CAPACITY BUILDING IN AFRICA.

THE THEME OF THE 2010 SUMMIT WAS RETURN ON INVESTMENT: BUILDING HEALTHCARE CAPACITY IN AFRICA AND FOCUSED ON GENERATING NEW WAYS TO FRAME HOW WE DEFINE IMPACT AND TRANSLATE THE GLOBAL CALL TO ACTION AS IT RELATES 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. Also complete this part for any additional information. (See instructions).

LONG-TERM CAPACITY BUILDING PROGRAMS BY SHARING BEST PRACTICES AND PROVIDING A DYNAMIC FORUM FOR INNOVATIVE THINKING.

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

**2010**

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

04-3774897

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 42,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 3,945,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,447.	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

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

04-3774897

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 100,000.	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		\$ 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  <b>ACCORDIA GLOBAL HEALTH FOUNDATION</b>	Employer identification number  <b>04-3774897</b>
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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		\$ 1,230,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 335,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 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

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

04-3774897

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 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

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

04-3774897

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 70,000.	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

Employer identification number

**ACCORDIA GLOBAL HEALTH FOUNDATION**

04-3774897

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 11,000.	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  <b>ACCORDIA GLOBAL HEALTH FOUNDATION</b>	Employer identification number  <b>04-3774897</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**ACCORDIA GLOBAL HEALTH FOUNDATION**

**04-3774897**

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

04-3774897

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

**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

**2010**

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 education)       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, and not on a historic structure listed in the National Register .....	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| 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	2,210,680.	1,062,195.			
b Contributions		1,000,000.	1,012,307.		
c Net investment earnings, gains, and losses	196,000.	148,485.	49,889.		
d Grants or scholarships					
e Other expenditures for facilities and programs	185,000.				
f Administrative expenses					
g End of year balance	2,221,680.	2,210,680.	1,062,196.		

- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI 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				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and rows numbered 2 through 11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**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	8,357,936.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,781,666.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-423,730.
4	Net unrealized gains (losses) on investments	4	236,603.
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	236,603.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-187,127.

**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	8,622,521.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	236,603.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	27,982.
e	Add lines 2a through 2d	2e	264,585.
3	Subtract line 2e from line 1	3	8,357,936.
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	8,357,936.

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

1	Total expenses and losses per audited financial statements	1	8,809,647.
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	27,982.
e	Add lines 2a through 2d	2e	27,982.
3	Subtract line 2e from line 1	3	8,781,665.
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	8,781,665.

**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 SPONSOR THE**

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

**PART X, LINE 2:**

**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, 2010 AND**

**2009, ACCORDIA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND**

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

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER  
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

Employer identification number

ACCORDIA GLOBAL HEALTH FOUNDATION

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION.		3,899,101.
3 a Sub-total .....	0	0			3,899,101.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	0	0			3,899,101.

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

Schedule F (Form 990) 2010





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2010

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide 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: FOR CORE OPERATIONS OF THE INFECTIOUS DISEASES INSTITUTE IN UGANDA, TO FUND PFIZER FELLOWS, TO WORK AT THE IDI IN UGANDA, TO OFFER NURSE TRAINING ASSISTANCE, TO TRAIN AFRICAN HEALTHCARE PROVIDERS IN MALARIA CARE AND TREATMENT AND TO BROADEN THE IDI'S ROLE IN ADDRESSING INFECTIOUS DISEASES, IN PARTNERSHIP WITH GILEAD FOR TRAINING OF DOCTORS IN UGANDA, TO BUILD LOCAL CAPACITY THROUGHOUT AFRICA AND TRAIN HEALTH PROFESSIONALS IN HIV/AIDS CARE AND PREVENTION, TO TRAIN 10 AFRICAN HEALTHCARE PROVIDERS IN AN HIV/AIDS TRAINING COURSE AT THE IDI IN UGANDA.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
		BOSTON EVENT (event type)	GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	218,107.	12,274.	230,381.
	2	Less: Charitable contributions	208,567.	8,434.	217,001.
	3	Gross income (line 1 minus line 2)	9,540.	3,840.	13,380.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	595.		595.
	6	Rent/facility costs	3,900.		3,900.
	7	Food and beverages	3,000.	2,673.	5,673.
	8	Entertainment			
	9	Other direct expenses	17,814.		17,814.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 27,982 )
	11	Net income summary. Combine line 3, column (d), and line 10			-14,602.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	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			

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?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| 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?  Yes  No
- 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?  Yes  No
- 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 ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**2010**

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><b>1a</b> 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 type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</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>	<b>1b</b>	
<p><b>2</b> 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>	<b>2</b>	
<p><b>3</b> 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 checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>	<b>4a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<input checked="" type="checkbox"/>
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p>	<b>4c</b>	<input checked="" type="checkbox"/>
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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><b>a</b> The organization? .....</p>	<b>5a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? .....</p>	<b>5b</b>	<input checked="" type="checkbox"/>
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> 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><b>a</b> The organization? .....</p>	<b>6a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? .....</p>	<b>6b</b>	<input checked="" type="checkbox"/>
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> 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>	<b>7</b>	<input checked="" type="checkbox"/>
<p><b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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				
1 CAROL SPAHN	(i) 200,000.	(ii) 0.	(iii) 0.	10,000.	16,456.	226,456.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2 KELLY WILLIS	(i) 170,000.	(ii) 0.	(iii) 0.	8,500.	11,443.	189,943.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3 NANCY BLUM	(i) 140,000.	(ii) 0.	(iii) 0.	7,000.	6,746.	153,746.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
CYNTHIA SADLER (LEFT	(i) 147,926.	(ii) 0.	(iii) 0.	6,563.	9,254.	163,743.	0.
4 08/13/10)	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	2	10,250.	AUCTION
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	3	4,700.	AUCTION
19	Food inventory	X	4	40,200.	AUCTION
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( AUCTION )	X	8	71,950.	AUCTION
26	Other ▶ ( TRAVEL PACKAG )	X	5	18,950.	AUCTION
27	Other ▶ ( )				
28	Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

04-3774897

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  
REVIEWED AND APPROVED BY THE AUDIT COMMITTEES BEFORE FILING WITH IRS. A  
COPY OF THE FINAL 990 WILL BE DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO  
FILING WITH THE 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 PERFORMED  
AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT AND EXECUTIVE DIRECTOR. THE  
EXECUTIVE COMMITTEE APPROVED THE EXECUTIVE DIRECTOR'S PAY AND THE FULL  
BOARD APPROVES THE PRESIDENT'S PAY. AN INDEPENDENT SALARY REPORT WAS  
RECEIVED FROM A REPUTABLE RESEARCH COMPANY 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 AND THE INDUSTRY IN

Name of the organization

ACCORDIA GLOBAL HEALTH FOUNDATION

Employer identification number

04-3774897

ADDITION TO THE RATED QUALITY PERFORMANCE OF MANAGEMENT.

OTHER OFFICERS ARE ALSO EVALUATED BY THE EXECUTIVE COMMITTEE 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:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, NY, NH, NJ, ND, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, HI, MS

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 236,603.