Form	, 99	0 Return of Organization Exempt Fro	om Incon	ne	Tax
		Under section 501(c), 527, or 4947(a)(1) of the Internal Rever		ot bla	ick lung
		f the Treasury benefit trust or private foundation bue Service The organization may have to use a copy of this return to satis			Open to Public
-			<u> </u>	- <u></u>	
_			002, and ending		
Bich	eck if applic Address		•	•	mployer identification number
	change	label or		98	-0380092
	Neme chi		Room/suite		elephone number
X	Initial reta	See			41-22-791-1765
	Final retu Amended	Specific AVALIAND LOOKE CHERT 35			
	return Applicatio	instruct City or town, state or country and ZIP + 4	-		ther Cash X Accr
	pending	IZIG CN GENEVA SWITZERLAND			Other (specify)
		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) 			e to section 527 organizations
~			H(a) is this a grou		
		WWW THEGLOBALFUND ORG	H(b) If "Yes," ente		F
		tion type (check only one) ► X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliate (If "No." attac		Ided? Yes X
	heck he		H(d) is this a separat	a return	filed by an i
	-	ion need not file a return with the IRS but if the organization received a Form 990 Package			y a group ruling? Yes X
	n the ma	il it should file a return without financial data. Some states require a complete return	I Enter 4-digit G	<u> </u>	
			M Check 🕨		f the organization is not required
		celpts Add lines 6b, 8b, 9b and 10b to line 12 - 841, 893, 974.			m 990 990-EZ, or 990-PF)
Раг		levenue, Expenses, and Changes in Net Assets or Fund Balances (See page	17 of the instru		s)
	1	Contributions, glfts, grants, and similar amounts received			
	a		<u>52,441,573.</u>		
	Ь	Indirect public support			
	C	Government contributions (grants)	<u>9,374,098.</u>	4 - 1	
	d	Total (add lines to through tc) (cash \$831,815,671 noncesh \$)	1d	831,815,67
	2	Program service revenue including government fees and contracts (from Part Vi), line 93	9	2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	10,078,30
	6 a	Gross rents			
	b	Less rental expenses			
	C	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
ênc	7	Other Investment Income (describe)	7	
10 /	8 a	Gross amount from sales of assets other (A) Secuntes (B)	Other		
Rev		than inventory]	
	ь	Less cost or other basis and sales expenses 8b		11	
	c	Gain or (loss) (attach schedule)		1	
		Net gain or (loss) (combine line 8c columns (A) and (B))		84	
	9.0	Special events and activities (attach schedule)	•••		
R	EGE	Gross Prenue yhot including \$ of			
		contributions (exported on line 1a)			
N	hv e	Lins & Gill Bct expenses other than fundraising expenses 9 b		11	
IN C		Net income driftess) from special events (subtract line 9b from line 9a)	<u> </u>	9c	
		Gross sates of mentory, less returns and allowances		F	
		Lets cost of goods sold		1	
<u> </u>		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from lin	o 10a)		
		Other revenue (from Part VII, line 103)		10c	
	1		•		
	t	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	•	12	841,893,974
1		Program services (from line 44, column (B))	•	13	61,693,252
Expenses		Management and general (from line 44, column (C))	• •	14	2,200,468
đ d		Fundraising (from line 44, column (D))	• •	15	
ü		Payments to affiliates (attach schedule)	• • • •	16	
		Total expenses (add lines 16 and 44, column (A))	•	17	<u>64,786,31</u> 2
iets		Excess or (deficit) for the year (subtract line 17 from line 12)	•	18	777,107,662
Net Assets		Net assets or fund balances at beginning of year (from line 73, column (A))		19	NON
et		Other changes in net assets or fund balances (attach explanation)	•	20	
z	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	•	21	777,107,662

JSA For Paperwork Reduction Act Notice, see the separate instructions 2E1010 1 000

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Page	2
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	Do not include amounts reported on line		(A) Total	(B) Program	others (See page 21 of the ii (C) Management	(D) Fundraising
	6b. 8b. 9b. 10b. or 16 of Part I.			services	and general	(D) Fundratsling
22	Grants and allocations (attach schedule)					
	{cash \$} noncash \$}	22	52,018,878	52,018,878.		
23	Specific assistance to individuals (attach schedule)	23			A A A A A A A A A A A A A A A A A A A	
24	Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc.		282 502	167 141	56 072	<u> 60.20</u>
25 26	Other salaries and wages	26	282,502.	157,141	56,072.	<u>69,28</u>
27	Dension alon explainly trans	27				
28	Other employee benefits	28				·{
29	Payroll taxes	29				
0	Professional fundraising fees	30				
1	Accounting fees	31	150,000		150,000.	· · · · · · · · · · · · · · · · · · ·
2	Legal fees	32	113,546	22,709.	90,837	
3	Supplies	33	34,139.	25,605.	3,627	4,90
4	Telephone	34	322,672.	242,004.	34,284	46,38
5	Postage and shipping	35				
6	Occupancy .	36	427,014	320,261.	45,370.	61,38
7	Equipment rental and maintenance	37				
8	Printing and publications	38	134,603	125,700	8,903.	
9	Travel	39	836,819	517,706.	265,655.	53,45
0	Conferences, conventions, and meetings	40	227,291	94,014.	130,920.	2,35
1	Interest	41				
2	Depreciation depletion etc (attach schedule),	42				
3	Other expenses not covered above (itemize) STMT 1_	43a	_10,238,848	8,169,234.	1,414,800.	654,81
b		43b				
¢		<u>43c</u>				······
4		43d				
u			· · · · · · · · · · · · · · · · · · ·			
e		43e				
_		43e 44	64,786,312 SOP 98-2	61,693,252	2,200,468.	892,59
oir re Y ı) t	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)(D), carry these totals to lines 13-18 t Costs Check [] if you are follow any joint costs from a combined educational es,* enter (I) the aggregate amount of these jo ne amount allocated to Management and gen rt III Statement of Program Ser	43e 44 /ing S camp int co eral \$ VICE	SOP 98-2 aign and fundraising solid sts \$ Accomplishment	citation reported in (B) Pro (ii) the amount alloc , and (iv) the amount a	ngram services? ated to Program services flocated to Fundraising \$.►YesN \$
oır re Yı ıı) t Pa	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 t Costs Check [1] If you are follow any joint costs from a combined educational of es," enter (I) the aggregate amount of these jo ne amount allocated to Management and gen	43e 44 /ing S camp int co eral \$ VICE	SOP 98-2 aign and fundraising solid sts \$ Accomplishment	citation reported in (B) Pro (ii) the amount alloc , and (iv) the amount a	ngram services? ated to Program services flocated to Fundraising \$.►YesN
oir re Yr) t Da /ha	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)(D), carry these totals to lines 13-18 t Costs Check [] if you are follow any joint costs from a combined educational es,* enter (I) the aggregate amount of these jo ne amount allocated to Management and gen rt III Statement of Program Ser	43e 44 /ing S campo int co eral \$ VICE ? ►	SOP 98-2 aign and fundraising solutists \$ Accomplishment STMT 2 e achievements in a cleachievements that are r	(ii) the amount alloc , and (iv) the amount alloc s (See page 24 o ear and concise manne tot measurable (Sectio	ngram services? ated to Program services illocated to Fundraising s f the instructions f the instructions f state the number n 501(c)(3) and (4)	
re TY (1) t Pa /ha (1) (1) f c rga I	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)(D), carry these totals to lines 13-18 t Costs Check ▶ if you are follow any joint costs from a combined educational es,* enter (i) the aggregate amount of these jo be amount allocated to Management and gen till Statement of Program Ser t is the organization's primary exempt purpose organizations must describe their exempt purpose present served, publications issued etc Disc nizations and 4947(a)(1) nonexempt charitat ROVIDING GRANTS TO_LOCALLY:	43e 44 ving S camp int co eral \$ VICE ? ► urpos uss a ble tru -DES	SOP 98-2 aign and fundraising solid sts \$ Accomplishment STMT 2 e achievements in a cle achievements that are r usts must also enter the /ELOPED_PROGRAM	citation reported in (B) Pro (ii) the amount alloc , and (iv) the amount alloc s (See page 24 o ear and concise manne not measurable (Sectio amount of grants and a	ngram services? ated to Program services illocated to Fundraising s f the instructions f the instructions f state the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) ar (4) orgs and 4947(a)(1) trusts but optional for
re Y) t Pa /ha II c rga	Total functional expenses (edd lines 22 through 43) Organizations completing columns (B)(D), carry these totals to lines 13-16 t Costs Check ▶ [] if you are follow any joint costs from a combined educational es,* enter (I) the aggregate amount of these jo ne amount allocated to Management and gen rt III Statement of Program Ser t is the organization's primary exempt purpose organizations must describe their exempt pu- tients served, publications issued etc Disc nizations and 4947(a)(1) nonexempt charitat	43e 44 ving S ant co eral \$ vice ? ► urpos uss a ble tru -DES	SOP 98-2 aign and fundraising solid sts \$ Accomplishment STMT 2 e achievements in a cle achievements that are r usts must also enter the /ELOPED_PROGRAM	citation reported in (B) Pro (ii) the amount alloc , and (iv) the amount alloc s (See page 24 o ear and concise manne not measurable (Sectio amount of grants and a	ngram services? ated to Program services illocated to Fundraising s f the instructions f the instructions f state the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) ar (4) orgs and 4947(a)(1) trusts but optional for
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Form 990 (2002)

	Balance Sheets (See page 24 of the			r r	
Note	Where required, attached schedules and amounts	•	(A) Beginning of year		(B) End of year
1.0	column should be for end-of-year amounts only				· · · · ·
45		•• ••	NONE		542,062
46	Savings and temporary cash investments	• •• •• •	NONE	46 2011	649,947,950
470	Accounts receivable	47a			
	Less allowance for doubtful accounts	47b	<u> </u>		
	Less allowance for doubting accounts .	ATTACAN STATE	EX	47c	
482	Pledges receivable	48a 178,980,9		24 - H	
	Less allowance for doubtful accounts	48b	NÔNE		170 000 007
	Cranta researchia	• · · · · · · · ·		400	<u>178,980,987</u>
	Receivables from officers, directors, trustees, and			49	<u></u>
50				50	
	(attach schedule)	• •		30	
518		51a		- 	
ยู่ เ	schedule)	51b		51c	
കി	Inventories for sale or use			52	
∢ ∣	Prepaid expenses and deferred charges	••• ••	·		2 400 040
53	Investments - securities (attach schedule)	► Cost FN		53	3,408,846
	Investments - land, buildings, and			34 1975 -	
558		55a			
1	equipment basis	558			
"	schedule)	55b		55c	
56	Investments - other (attach schedule)	000		56	
	Land, buildings, and equipment basis	57a			
	Less accumulated depreciation (attach				
		57b		57c	
58	Other assets (describe ►			58	
1			- '		<u> </u>
59	Total assets (add lines 45 through 58) (must equa	al line 74) · · ·	NONE	59	832,879,845.
			. NONE		4,651,174
61	Grants payable		NONE		51,121,009
62	Deferred revenue			62	
g 63	Loans from officers, directors, trustees, and key en	nployees (attach			
	schedule)			63	
8 64a	Tax-exempt bond liabilities (attach schedule)			64a	
	Mortgages and other notes payable (attach schedu	Jle)		64b	
65	Other liabilities (describe >	·	_)	65	
		<u></u>	NONE	66	55,772,183
1 .	nizations that follow SFAS 117, check here 🕨 ַ	and complete lines			
	67 through 69 and lines 73 and 74				
g 67	Unrestricted .	•	NONE	67	777,107,662
ei	Temporarily restricted	• •		68	<u> </u>
69	Permanently restricted	<u> </u>		69	<u> </u>
Orga	nizations that do not follow SFAS 117, check her	e 🕨 🔄 and		art i	
5	complete lines 70 through 74			1. ¹² .	
	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and eq			71	
72	Retained earnings, endowment, accumulated inco	• •		72	
73	Total net assets or fund balances (add lines 67 th	rough 69 or lines		5	
	70 through 72,			<u>.</u>	
	column (A) must equal line 19, column (B) must eq		, NONE		777,107,662
74	Total liabilities and net assets / fund balances (ac	dd lines 66 and 73)	· NONE	74	832,879,845.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Form 990 (2002)

Part IV-A Reconciliation of Reven Financial Statements w Return (See page 26 of	ite r	er Audited Revenue per	P	art IV-B	- Einanciai Stat	n of Expens tements wit	es pe h Exj	er Audited penses per
		<u>Instructions)</u>		T -1-1	Return		тг	
Total revenue, gains, and other support			a		expenses and lo			· · · · · · · · · · · ·
•	• <u>a</u>	791,893,9			financial statemer			64,786,31
Amounts included on line a but not on			Ь		s included on line	a but not		
line 12, Form 990			ľ		17, Form 990			
1) Net unrealized gains			C	1) Donated	services			
on investments					of facilities \$			
2) Donated services			6	 Prior yea 	r adjustments			
and use of facilities \$				reported	on line 20,			
3) Recoveries of prior				Form 990	D., ., <u>s</u>			
year grants			(3) Losses re	eported on			
4) Other (specify)				line 20, F	Form 990 \$			
				4) Other (sp	ecify)			
\$								
Add amounts on lines (1) through (4)	b				\$			
				Add amo	unts on lines (1) thro	ough (4) 🚬 🕨	Ь	
Line a minus line b	c	791,893,9	74 c		nus line b		c	64,786,31
Amounts included on line 12,	É		d		s included on line			
Form 990 but not on line a.					90 but not on line :	-		
1) Investment expenses					ent expenses	-		
not included on line			· · ·	•	ded on line			
					990 \$			
6b, Form 990 . <u>\$</u>					• •		1	
2) Other (specify)				2) Other (sp	ecity)			
							1	
STMT 3 \$ 50,000,000			_		<u> </u>			
	d	50,000,0	00	Add am	s ounts on lines (1)	and (2)	d	
Add amounts on lines (1) and (2)	d	50,000,0	<u>00</u>				a	
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990				Total ex	penses per line 1	7, Form 990	d	64,786,31
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990	e	<u>841,893,9</u>	74 e	Total ex (line c p	penses per line 17 lus line d)	7, Form 990		<u>64,786,31</u>
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d)	e	<u>841,893,9</u>	74 e	Total ex (line c p	penses per line 17 lus line d)	7, Form 990		
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions)	e	<u>841,893,9</u>	74 9 Emple (B) Title	Total ex (line c p oyees (Lis and average	penses per line 1 lus line d)	7, Form 990	ensate	ed, see page 26
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis	penses per line 1 lus line d) st each one even	7, Form 990	ensate	ed, see page 26
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions)	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter	7, Form 990	ensate	(E) Expense account and other
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions)	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter	7, Form 990	ensate	(E) Expense account and othe allowances
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
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Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Cart V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
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Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
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Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, T the instructions) (A) Name and address	e	<u>841,893,9</u>	y Emplo	Total ex (line c p oyees (Lis and average per week	penses per line 1 lus line d) - st each one even (C) Compensation (If not paid, enter -0-)	7, Form 990	ensate	(E) Expense account and othe allowances
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I.

For	m 990 (2002) 98-0380092		F	Page 5
	art VI Other Information (See page 27 of the instructions)			No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		x
	If "Yes," attach a conformed copy of the changes			
78	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		x
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
808	a is the organization related (other than by association with a statewide or nationwide organization) through common	-		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		x
I	b If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt			
81;	a Enter direct or indirect political expenditures. See line 81 instructions			
I	Did the organization file Form 1120-POL for this year?	81Ь	<u>N/</u>	A
82	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		x
I	o If "Yes," you may indicate the value of these items here. Do not include this amount			l
	as revenue in Part I or as an expense in Part II (See instructions in Part III)		~	.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u>x</u>	L
I	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<u>_N/</u>	A
	Did the organization solicit any contributions or gifts that were not tax deductible?	<u>84a</u>		x
1	If "Yes," did the organization include with every solicitation an express statement that such contributions			أم ـ ـ ـ
	or gifts were not tax deductible?	84b	N/.	A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	<u>N/</u>	<u>A</u>
	If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year			3
	Dues, assessments, and similar amounts from members			1
	I Section 162(e) lobbying and political expenditures		i	í
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			نــــــــــــــــــــــــــــــــــــ
-	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable	86g		<u>x</u>
ſ	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	0.511		X
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or		- !	
	partnership, or an entity disregarded as separate from the organization under Regulations sections			i
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		х
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		-	
	section 4911	_		-
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	ĺ		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		_x
¢	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		1	NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			NONE
90 a	List the states with which a copy of this return is filed			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	905	NON	2
91	The books are in care of BARRY GREENE	<u>1176</u>	5	
	Located at > AVE_LOUIS-CASAI 53, CH-1216, GENEVA, CH ZIP +4 >			
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041 - Check here)	▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year		<u>N/A</u>	<u> </u>

Form	990	(2002)
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Form 990 (2002) Part VII Analysis of Income-Produc	ing Activi	ties (See pag		98-0380092 uctions)	Page 6		
Note Enter gross amounts unless otherwise		elated business in		by section 512, 513, or 514	(E)		
Indicated	(A) Business code	(B) Amoun	(C) Evolution	(D)	Related or exempt function income		
				- · ·	income		
ab							
c							
d							
e							
f Medicare/Medicaid payments , , , ,							
g Fees and contracts from government agencies				·			
94 Membership dues and assessments	ļ						
95 Interest on savings and temporary cash investments				- 	<u> </u>		
96 Dividends and interest from securities			14	10,078,303.			
97 Net rental income or (loss) from real estate				<u>.</u>			
a debt-financed property	· · · · ·	<u> </u>					
b not debt-financed property	<u> </u>	<u> </u>					
98 Net rental income or (loss) from personal property . 99 Other investment income .	<u> </u>	<u> </u>					
100 Gain or (loss) from sales of essets other than inventory					<u>}</u>		
101 Net income or (loss) from special events .							
102 Gross profit or (loss) from sales of inventory							
103 Other revenue a							
b							
c							
d							
e					<u> </u>		
104 Subtotal (add columns (B), (D), and (E))				10,078,303.			
105 Total (add line 104, columns (B), (D), and (E Note Line 105 plus line 1d, Part I, should equal th		Inne 12 Part I	• ••••	··· ··· 🕨	10,078,303		
Part VIII Relationship of Activities t							
Line No Explain how each activity for which		-	• •	• •	complishment		
		an by providing it	nus for such purpose				
				_			
Part IX Information Regarding Taxa	ble Subsi	diaries and Di	sregarded Entit	ties (See page 32 of th	e instructions)		
(A) Name address and EIN of corporation,		(B) Percentage of	(C) Nature of activity	es Total income	(E) End-or-year		
partnership, or disregarded entity		ownership interest			853613		
		%					
		%					
	<u></u>	%					
Part X Information Regarding Tran	sfers Ass		Personal Benefi	it Contracts (See page	33 of the instructions)		
(a) Did the organization, during the year, receiption							
(b) Did the organization, during the year,	-	•		•			
Note If "Yes" to (b), file Form 8870 and Fo							
Under penalties of penjury I declar and belief it is true correct and c	re that I have	examined this					
Please	ompiete Dec						
Sign Signature of officer RICH							
<u> </u>	DIREC	TOR					
Type or print name and title							
Preparer's Find a	\mathcal{A}	lin l					
Paid signature	ogno	yuns					
Lie a Oralia	K NUBER						
oddress, and 7IP + 4		<u>CH, SUII</u>					
JSA BELI	EVUE,	WA					

SCHEDULE A	
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(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate Instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

TO TROUT NTO en 1

Employer Identification number

2

OMB No 1545-0047

		-			
	TUBERCULOSIS_AND_M				98-0380092
Part i	Compensation of the Five Highe	st Paid Employ	ees Other Than	Officers, Direct	ors, and Trustees
	(See page 1 of the instructions List e	· · · · · · · · · · · · · · · · · · ·	are none, enter		
(a) /	Name and address of each employee paid more than \$50,000	(b) Title and everage hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
			····		
					<u> </u>
			·····		<u> </u>
\$50,000	er of other employees paid over	NONE	- • • • •	, <u> </u>	
Part II	Compensation of the Five Highes		dent Contracto	ors for Professio	nal Services
	(See page 2 of the instructions List e	ach one (whethe	er individuals or fir	ms) If there are no	one, enter "None ")
(a) Na	me and address of each independent contractor paid n	nore than \$50 000	(b) Туре	of service	(c) Compensation
		· · · · ·	PERSONNEL	CONTRACT	
THE WOR	LD HEALTH ORGANIZATION		SERVICES		\$2,322,377
			ADMIN SERVI		0.62 200
GENEVA_	SWITZERLAND		ADMIN SERVI	CES FEE	863,300
MCKINSE	Y & CO INC		- MANAGEMEN	- T	
			CONSULTAN		
GENEVA	SWITZERLAND				2,530,000
THE WOR	LD BANK				
1110 101			1		
WASHING	TON, DC USA	·····	TRUSTEE		2,320,000
PRICE W	ATERHOUSE COOPERS		4		
BERNE S	WITZERLAND		LOCAL FUND	AGENT	398,000
0					
ODGERS	RAY BERNDTSON		4		
					.
	UNITED KINGDOM Der of others receiving over \$50 000 for		EXECUTIVE S	EARCH	357,303
			1		1

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

6

Schedule A (Form 990 or 990-EZ) 2002

professional services

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		0380092		•
	Schedule A (Form 990 or 990-EZ) 2002			Page 2
Pa	Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	1 During the year, has the organization attempted to influence national, state, or local I			
	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter			
		equal amounts on line 38,		<u>.</u>
	Part VI-A, or line for Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must co			
	organizations checking "Yes," must complete Part VI-B AND attach a statement giving a			1
	the lobbying activities	a detailed description of		
~		following acts with any		
2	substantial contributors, trustees, directors, officers, creators, key employees, or member			'
	with any taxable organization with which any such person is affiliated as an officer, of			ļ '
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detail			} ,
	the transactions)			!
	a Sale, exchange, or leasing of property?	2a	• -	x
•		• • • • • • • • •		
ь	b Lending of money or other extension of credit?	26		x
				<u> </u>
c	c Furnishing of goods, services, or facilities?	20		x
•		STMT 8		
d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		x	
				<u> </u>
8	Transfer of any part of its income or assets?			x
3	3 Does the organization make grants for scholarships fellowships, student loans, etc ? (See Note be	low)	<u> </u>	x
4	4 Do you have a section 403(b) annuity plan for your employees?	· · · · · · · · · · · · · · · · · · ·		x
	lote Attach a statement to explain how the organization determines that individuals or organizations rec	erving grants		1
or lo	r loans from it in furtherance of its charitable programs "qualify" to receive payments			
Pa	Part IV Reason for Non-Private Foundation Status (See pages 3 through	h 5 of the instructions)		
The	The organization is not a private foundation because it is (Please check only ONE applicable box.)			
5				
6				
7				
8				
9		د)(۱۱) Enter the hospital's name, city		
	and state ▶			
10)(IV)	
	(Also complete the Support Schedule in Part IV-A.)			
11a	1a X An organization that normally receives a substantial part of its support from a governmental	unit or from the general public		
	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b	1 b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV	/-A_)		
12	2 An organization that normally receives (1) more than 33 1/3% of its support from contribu	itions, membership fees, and gross		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions,			
	its support from gross investment income and unrelated business taxable income (less section			
	by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support	•		
13	3 An organization that is not controlled by any disqualified persons (other than foundation ma			
	described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the	re test of section 509(a)(2) (See		
	section 509(a)(3))			-
	Provide the following information about the supported organizations (See page 5 of the		bor	•
	(a) Name(s) of supported organization(s)	(b) Line num from abov		
			-	•
				-

An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions) ISA 2E1220 1 000

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Schedule A (Form 990 or 990-EZ) 2002

-	nedule A (Form 990 or 990-EZ) 2002			98-0380092		Page 3
P	art IV-A Support Schedule (Complete only if	l you checked a b	ox on line 10, 11, c	or 12) <i>Use cash m</i>	ethod of accountin	ıg.
No	te You may use the worksheet in the instruction	ns for converting fr	om the accrual to th	he cash method of	accounting	
Cal	lendar year (or fiscal year beginning in) 📃 🕨	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)			ł		
16	Membership fees received					_
17	Gross receipts from admissions merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc. purpose					1
4.9	Gross income from interest, dividends,	·				· · · · · · · · · · · · · · · · · · ·
10	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and				ľ	
	•					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975					<u> </u>
19	Net income from unrelated business					
	activities not included in line 18					<u> </u>
20	Tax revenues levied for the organizations]		
	benefit and either paid to it or expended on					
	its behalf					<u> </u>
21	The value of services or facilities furnished to				Ì	
	the organization by a governmental unit					
	without charge Do not include the value of					
	services or facilities generally furnished to the				Į	
	public without charge					
22	Other income Attach a schedule Do not	1				
	include gain or (loss) from sale of capital assets	- <u></u>				<u> </u>
23	Total of lines 15 through 22 · · · ·					
24	Line 23 minus line 17 .					<u> </u>
25	Enter 1% of line 23				L	i i
26	Organizations described on lines 10 or 11 a li	Enter 2% of amount	ın column (e), line 24	•••••		
t	Prepare a list for your records to show the n	name of and amore	unt contributed by	each person (oth	er than a	1
	governmental unit or publicly supported organiz	zation) whose tota	I gifts for 1998	through 2001 exci	eded the	·
	amount shown in line 26a Do not file this list	st with your return	n Enter the total	of all these excess	amounts 🕨 26b	<u> </u>
	Total support for section 509(a)(1) test Enter line 24,		•	•	Þ 26c	
¢	Add Amounts from column (e) for lines 18	19)			
	22	26	ib	<u> </u>	▶ <u>26d</u>	
e	Public support (line 26c minus line 26d total)				Þ 26e	
	Public support percentage (line 26e (numerator) di	ivided by line 26c (de	enominator))	. <u>. </u>	🕨 26f	NONE %
27	Organizations described on line 12 a For					
	person," prepare a list for your records to sho			received in each	year from, each "	disqualified person *
	Do not file this list with your return Enter the sum	of such amounts for	r each year			
	(2001) (2000)		(1999)	NOT APPLICA	<u>BLE_</u> (1998)	
b	For any amount included in line 17 that was re	ceived from each	person (other than	"disqualified persor	ns"), prepare a list	for your records to
	show the name of, and amount received for each					
	(Include in the list organizations described in line: the difference between the amount received and					
	amounts) for each year	i (ne larger amou				ciclices (line excess
	(2001) (2000)		(1999)		(1998)	
			、 ,			
c	Add Amounts from column (e) for lines 15	16	5			
•	Add Amounts from countin (e) for intes 15 17 20 Add Line 27a total a	21			276	1
ч	Add Line 27a total a	and line 27b total		·	274	
	Public support (line 27c total minus line 27d total)			<u> </u>	. 27.	
	Total support for section 509(a)(2) test Enter amount			► 271		
	Public support percentage (line 27e (numerator) di				> 279	,
	Investment income percentage (line 27e (numerator) of			(nator))		
79 29	Unusual Grants For an organization described	in line 10. 11.	or 12 that rece	eived anv unusual		
	prepare a list for your records to show, for e	each year, the na	me of the contrib	utor, the date an	d amount of the	grant and a brief
	description of the nature of the grant. Do not file this					

Schedule A (Form 990 or 990-EZ) 2002

other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, program, and scholarships? 30 Has the organization publicities of students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement) 32a Does the organization publicity should be student body, faculty, and administrative staff? 32a Dees the organization publicity should be organization or on its behalf to solicit contributions? 32a If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 32a If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 32a Does the organization discriminate by race in any way with respect to 33a a Student's rights or priveleges? 33a If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 33a If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) 33a If you answered "No" to any		ule A (Form 990 or 990-EZ) 2002 NOT APPLICABLE		P	age
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		· ·	34b		
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Schedule A (Form 990 or 990-EZ) 2002

Sch	nedule A (Form 990 or 99 <u>0</u>	-EZ) 2002		\$	98-038009	92	Page 5
	art VI-A Lobbying E	Expenditures by Elect	ting Public Chariti				
	• • •	pleted ONLY by an e	eligible organizatio	on that filed Forn	n 5768) NG	OT APPL	ICABLE
Ch	eck 🕨 a liftl	he organization belongs	s to an affiliated grou				
Ch		ou checked "a" and "lin	-	•			
		_imits on Lobbying			Aff	(a) iliated group totals	(b) To be completed for ALL electing
		expenditures" means					organizations
36		tures to influence publi			36		
37		itures to influence a leg		lobbying)	37		
38		itures (add lines 36 and	137) .	• ••	38		
39	Other exempt purpose			• • •	39		
40	• • •	expenditures (add line			40		
41	if the amount on line	amount Enter the amount	bying nontaxable a				
			he amount on line 40	- ۱۵ III			
	Not over \$500,000 Over \$500 000 but not over		0 plus 15% of the excess	over \$500.000			
		er \$1 500 000 \$175 000		(41		
		er \$17 000,000 \$225,000		1			
	Over \$17 000 000			· · · · · ·			
42		e amount (enter 25% of		• ••	42	· · -	
43		ine 36 Enter -0- if line			43		
44	Subtract line 41 from I	ine 38 Enter -0- if line	41 is more than line	38	44		
		amount on other line	12 octors 11 yours	of file Form 4790	ł I		
	Caution in there is an	amount on either line	Averaging Period		501/b)		<u>.</u> ,
	(Some organizati	ions that made a section				he five colu	imns below
	(Come organizat		ns for lines 45 throu				
	· · · ·		Lobbying Expend				iod
							
	Calendar year (or fiscal	(a) 2002	(b) 2001	(c) 2000		(d) 1999	(e) Total
	vear beginning in) >	2002	2001	2000			
A 5	Lobbying nontaxable amount						
40	Lobbying ceiling amount						·
46	(150% of line 45(e))						
<u>47</u>	Total lobbying expenditures						
	Grassroots nontaxable						
<u>48</u>	amount · · ·		<u> </u>				<u> </u>
	Grassroots ceiling amount						
<u>49</u>	(150% of line 48(e))		····	- 			
۶A	Grassroots lobbying expenditures						
		ctivity by Nonelectir	g Public Charities	5	'N	OT APPL	ICABLE
		ing only by organizati	-				
Duri	ng the year, did the organi						
	mpt to influence public opi				-	Yes	No Amount
а	Volunteers			• •		🖂	x
ь	Paid staff or managem	ent (Include compensa	ation in expenses rep	ported on lines c th	rough h)		x
-	Media advertisements		••		• •		_x
	Mailings to members, I			•			<u>x</u>
e	Publications, or publish	ied or broadcast statem	nents				x

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

I Total lobbying expenditures (Add lines c through h)

f Grants to other organizations for lobbying purposes

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

Schedule A (Form 990 or 990-EZ) 2002

X

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X

501(c) of t a Transfers f		ly or indirectly engage in any of the follo	owing with any other organization desi	orihod in o	
	-	on 501(c)(3) organizations) or in sectio	n 527, relating to political organizations		ection
(I) Cash	from the reporting organiz	ation to a noncharitable exempt organiz	ration of	<u>\Y</u>	es No
				51a(i)	x
(ii) Other	assets , , , , , ,			<u>a(ii)</u>	x
b Other trans					
(i) Sales	or exchanges of assets	with a noncharitable exempt organization	1	b(i)	x
• •	=	ncharitable exempt organization	•••••••	b(ii)	- <u>x</u>
	al of facilities, equipment,		, 	b(m)	x
• •	bursement arrangements		• • • • • •	b(iv)	x
• •	s or loan guarantees	••••••••••	• • • • • • • • • • • • • •	b(v)	x
• •		mbership or fundraising solicitations	• • • • • • • • • •		
		ing lists, other assets, or paid employees	•••••		
					<u> </u>
goods, other	r assets, or services given by	,* complete the following schedule Column i the reporting organization. If the organization will column (d) the value of the goods other	on received less than fair market value in any		
(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions and st		mente
			Description of functional, adhabeoonal and a	anng anonge	
N/A		· · · · · · · · · · · · · · · · · · ·			
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described <u>b lf "Yes," co</u>	-	thy affiliated with, or related to, one or ode (other than section 501(c)(3)) or in edule (b) Type of organization	· •		X No
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27/2		· · · · · · · · · · · · · · · · · · ·			
<u>N/A</u>	·	<u> </u>			
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FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
TRUSTEE/ADMINISTRATION FEES PROFESSIONAL FEES IT INFRASTRUCTURE OFFICE INFRASTRUCTURE	3,183,300. 4,170,172. 113,670. 768,858.	2,751,650. 3,387,791. 85,252. 550,991.	431,650. 605,477. 12,504. 92,949.	176,904. 15,914. 124,918.

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PERSONNEL AND ADMINISTRATIVE SERVICES TO SUPPORT THE OPERATIONS OF THE GLOBAL FUND ARE PROVIDED BY THE WORLD HEALTH ORGANIZATION ("WHO") UNDER AN AGREEMENT BETWEEN WHO AND THE GLOBAL FUND. THE GLOBAL FUND BEARS IN FULL THE COST OF THESE PERSONNEL AND SERVICES. THE PERSONNEL COSTS ARE THE FOLLOWING:

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WAGES PAID FOR SERVICES OF CONTRACT PERSONNEL	1,755,388.	1,224,132.	237,656.	293,600.
PENSION HEALTH AND ACCIDENT			·	
INSURANCE COSTS PAID FOR SERVICES OF CONTRACT				
PERSONNEL	74,135.	49,856.	10,836.	13,443.
RELOCATION COSTS PAID FOR				
SERVICES OF CONTRACT PERSONNEL	173,325.	119,562.	23,728.	30,035.
PERSONABE				
TOTALS	10,238,848.	8,169,234.	1,414,800.	654,814.
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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (THE "GLOBAL FUND") IS AN INDEPENDENT, NON-PROFIT FOUNDATION INCORPORATED IN GENEVA ON 22 JANUARY 2002. THE PURPOSE OF THE GLOBAL FUND IS TO ATTRACT AND DISBURSE ADDITIONAL RESOURCES TO PREVENT AND TREAT AIDS, TUBERCULOSIS AND MALARIA. THE FUND PROVIDES GRANTS TO LOCALLY-DEVELOPED PROGRAMS, WORKING IN CLOSE COLLABORATION WITH GOVERNMENTS, NONGOVERNMENTAL ORGANIZATIONS, THE PRIVATE SECTOR, DEVELOPMENT AGENCIES AND THE COMMUNITIES AFFECTED BY THESE DISEASES.

THE GLOBAL FUND HAS BEEN FOUNDED ON THE FOLLOWING PRINCIPLES:

- * RELY ON LOCAL EXPERTS TO IMPLEMENT PROGRAMS DIRECTLY;
- * MAKE AVAILABLE AND LEVERAGE ADDITIONAL FINANCIAL RESOURCES TO COMBAT THE THREE DISEASES;
- * SUPPORT PROGRAMS THAT REFLECT NATIONAL OWNERSHIP AND RESPECT COUNTRY-LED FORMULATION AND IMPLEMENTATION PROCESSES;
- * OPERATE IN A BALANCED MANNER IN TERMS OF DIFFERENT REGIONS, DISEASES AND INTERVENTIONS;
- * PURSUE AN INTEGRATED AND BALANCED APPROACH COVERING PREVENTION, TREATMENT AND CARE, AND SUPPORT IN DEALING WITH THE THREE DISEASES;
- * EVALUATE PROPOSALS THROUGH INDEPENDENT REVIEW PROCESSES BASED ON THE MOST APPROPRIATE SCIENTIFIC AND TECHNICAL STANDARDS THAT TAKE INTO ACCOUNT LOCAL REALITIES AND PRIORITIES;
- * SEEK TO ESTABLISH A SIMPLIFIED, RAPID, INNOVATIVE GRANT-MAKING PROCESS AND OPERATE IN A TRANSPARENT AND ACCOUNTABLE MANNER BASED ON CLEARLY DEFINED RESPONSIBILITIES. ONE ACCOUNTABILITY MECHANISM IS THE USE OF LOCAL FUND AGENTS TO ASSESS LOCAL CAPACITY TO ADMINISTER AND MANAGE THE IMPLEMENTATION OF FUNDED PROGRAMS.

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

DESCRIPTION

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CONTRIBUTION RECEIVED BUT CONTRIBUTION AGREEMENT WITH GATES FOUNDATION NOT SIGNED AT DECEMBER 31, 2002

TOTAL

AMOUNT

50,000,000.

50,000,000.

98-0380092

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION		CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
MR. RICHARD FEACHEM AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	EXECUTIVE DIRECTOR >50 HRS/WK	80,161.	10,515.	45,182.
MS. DEE JAY MAILER AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	CHIEF OPER. OFFICER >50 HRS WK	94,702.	9,275.	NONE
MR. BRAD HERBERT AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	SENIOR DIRECTOR >50 HRS/WK	23,127.	9,293.	10,247.
MR. EJAZ RAHIM AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. VITALII MOSKALENKO AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. CHRISPUS KIYONGA AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	CHAIR <10 HRS/WK	NONE	NONE	NONE
DR. LIEVE FRANSEN AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MRS. MIREILLE GUIGAZ AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE

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98-0380092

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION		CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
DR. HELENE D. GAYLE AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE		
MR. GIANDOMENICO MAGLIANO AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MR. SEIJI MORIMOTO AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. PAOLO ROBERTO TEIXEIRA AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MR. RAJAT GUPTA AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. SUWIT WIBULPOLPRASERT AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MR. LENNARTH HJELMAKER AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. JULIAN LOB-LEVYT AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE

98-0380092

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS EXPENSE ACCT TITLE AND TIME TO EMPLOYEE AND OTHER NAME AND ADDRESS DEVOTED TO POSITION COMPENSATION BENEFIT PLANS ALLOWANCES ---------------____ _____ MR. TOMMY G. THOMPSON BOARD MEMBER NONE NONE NONE AVENUE LOUIS CASAI 53 <10 HRS/WK 1216 CN GENEVA SWITZERLAND PROF. ADETOKUNBO O. LUCAS BOARD MEMBER NONE NONE NONE AVENUE LOUIS CASAI 53 <10 HRS/WK 1216 CN GENEVA SWITZERLAND MRS. PHILIPPA LAWSON BOARD MEMBER NONE NONE NONE AVENUE LOUIS CASAI 53 <10 HRS/WK 1216 CN GENEVA SWITZERLAND DR. PETER PIOT BOARD MEMBER NONE NONE NONE AVENUE LOUIS CASAI 53 <10 HRS/WK 1216 CN GENEVA SWITZERLAND DR. GRO HARLEM BRUNDTLAND BOARD MEMBER NONE NONE NONE AVENUE LOUIS CASAI 53 <10 HRS/WK 1216 CN GENEVA SWITZERLAND MR. GEOFFREY LAMB BOARD MEMBER TRUSTEE NONE NONE NONE AVENUE LOUIS CASAI 53 <10 HRS/WK 1216 CN GENEVA SWITZERLAND NONE NONE BOARD DESIGNATED NONE MR. EDMOND TAVERNIER <10 HRS/WK AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND NONE NONE NONE DR. HUANG JIEFU BOARD MEMBER <10 HRS/WK AVENUE LOUIS CAVAI 53 1216 CN GENEVA SWITZERLAND

98-0380092

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES _____

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR. CHRISTOPHE BENN AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MS. MILLY KATANA AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
	GRAND TOTALS	197,990. 	29,083.	•

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SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

AS REPORTED IN FORM 990, PART V

FEDERAL FOOTNOTES

1

THE AUDITED FINANCIAL STATMENTS AS WELL AS THE INFORMATION SUPPLIED ON THE FORM 990 IS BASED ON STANDARDS ISSUED BY THE INTERNATIONAL ACCOUNTING STANDARDS BOARD ("IASB").

÷		· • • • • • • • • • • • • • • • • • • •	
Form 8	8868 (12	2000)	Page 2
_		e filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box	x
		complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.	
• If y	ou are	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Pari		Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.	
Туре		Name of Exempt Organization GLOBAL FUND TO FIGHT AIDS, Employer Identification number	
print		TUBERCULOSIS AND MALARIA 98-0380092	
File by		Number, street, and room or suite no if a P O box, see instructions For IRS use only	
extend due di	led	9-11 RUE DE VAREMBE	
filing ti retum	he	City, town or post office, state, and ZIP code For a foreign address, see instructions	
nstruc	tions	CH 1211 GENEVA 20 SWITZERLAND	
		pe of return to be filed (File a separate application for each return)	
x	Form		8870
	Form	990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069	
STO	P: Do	o not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8	868.
• If ti	he ora	anization does not have an office or place of business in the United States, check this box.	► X
	~	or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is	
for th	ne who	ole group, check this box If it is for part of the group, check this box and attach a list with the	
		EINs of all members the extension is for	
4	l requ	Jest an additional 3-month extension of time until11/17/2003	
5	For c	alendar year, or other tax year beginning01/22/2002 and ending12/31/2002	
6	If this	i tax year is for less than 12 months, check reason 🛛 Initial return 🔄 Final return 🛄 Change in accounting	period
7	State	in detail why you need the extensionADDITIONAL_TIME_IS_REQUIRED_TO_GATHER_THE	
		SSARY INFORMATION FROM THIRD PARTIES TO ASSURE PREPARATION OF A	
		LETE AND ACCURATE TAX RETURN.	
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
		fundable credits See instructions	
b		application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
	•	ayments made include any prior year overpayment allowed as a credit and any amount paid	
		ously with Form 8868	
С		nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	
		FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See	
	Instru	ctions	
		Signature and Verification es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge an	
		es or penury, i declare that i have examined this form, including accompanying schedules and statements, and to the best of my knowledge an act, and complete and that I am authorized to prepare this form	
6	\frown	γ	
Signat		Juda Hunday Title attorney Date 7/28/20	003
Signat \		Notice to Applicant - To Be Completed by the IRS	
চি	Wel	have approved this application. Please attach this formed/second organization's return	
M	Wel	have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or t	the due
(of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for el	
		invise required to be made on a timely return. Please attach this form to the organization's return	
		have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension	of time
<u> </u>		e We are not granting a 10-day grace period	
\square		cannot consider this application because it was filed after the due date of the return for which an extension was requested	
	Othe		
		ВуВуВуВуВу	

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

	Name	E. C. C. W.
	CLARK NUBER P S	n;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Type or print	Number and street (include suite, room, or apt. no) Or a P O box number	
prac	10900 NE 4TH, SUITE 1700	
	City or town, province or state, and country (including postal or ZIP code)	
JSA	BELLEVUE, WA 98004	
2F80551000		Form 8868 (12 2000

Form 88 (December 2000)		Applic		xtension of Time Organization Retu		OMB No 1545-170
Department of the Internal Revenue S			► File a sep	parate application for each retur	n	
 If you are f If you are f Note: Do not co Form 8868 	filing for an filing for an omplete Par	Additional (not a rt II unless you ha	utomatic) 3-Mont <i>v</i> e already been gr 	mplete only Part I and che th Extension, complete on ranted an automatic 3-monti	y Part II (on page h extension on a p	e 2 of this form)
Note: Form 99 All other corpo	0-T corpora prations (in	t <mark>ions re</mark> questin <mark>g</mark> cluding Form 990	an automatic 6-m I-C filers) must us	submit original (no copie onth extension - check this l e Form 7004 to request an e 736 to request an extension	box and complete extension of time	to file income tax
Туре ог	Name of E	Exempt Organization	GLOBAL FUN	D TO FIGHT AIDS,		Employer identification numb
print		RCULOSIS AN			<u> </u>	98-0380092
File by the due		street, and room or s	_	k, see instructions		
your return See		L RUE DE VAR or post office, stat		a foreign address, see instruction	 xns	
instructions i		L211 GENEVA		•		
Check type o		be filed (file a se				
X Form 990 Form 990 Form 990 Form 990	0)-BL)-EZ		Form 990-T (corp Form 990-T(sec		Fo Fo	orm 4720 orm 5227 orm 6069 orm 8870
 If this is for for the whole g names and Elf I request 	a Group R group, cheo Ns of all me an automa exempt or	teturn, enter the c ck this box mbers the exten- tic 3-month (6-m	rganization's four If it is for pa sion will cover onth, for 990-T co	usiness in the United States r digit Group Exemption Nur art of the group, check this rporation) extension of tim ion named above. The extension	nber (GEN) box ►	
► X	tax year b	eginning	01/22	, 2002, and ending	12/3	<u>1 · 2002</u>
2 If this tax	year is for	less than 12 mor	iths, check reason	x Initial return	Final return	Change in accounting pe
nonrefund b if this ap made ind c Balance	dable credi oplication is clude any p Due. Subtr D coupon	ts See instruction for Form 990-Pf prior year overpay act line 3b from or, if required,	ns or 990-T, enter ment allowed as a line 3a Include y by using EFTPS	F, 4720, or 6069, enter t any refundable credits and a credit your payment with this for 5 (Electronic Federal Tax	d estimated tax m, or, if required Payment Syst	payments \$ d, deposit tem) See
				ture and Verification	. <u> </u>	
	f pertury I de	ectare that I have exu	amined this form, incl	luding accompanying schedules :	and statements, and	to the best of my knowledge and

Signature huda Alluelan	Title > attomey_	Date 5/13/03
For Paperwork Reduction Act Notice, see Instruction		Form 8868 (12-2000)

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