

Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

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)

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

A For the 2002 calendar year, or tax year beginning 01/22, 2002, and ending 12/31/2002

B Check if applicable: Address change, Name change, Initial return (checked), Final return, Amended return, Application pending

C Name of organization THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA. Number and street (or P O box if mail is not delivered to street address) Room/suite AVENUE LOUIS-CASAI 53. City or town, state or country and ZIP + 4 1216 CN GENEVA SWITZERLAND

D Employer identification number 98-0380092. E Telephone number 41-22-791-1765. F Accounting method: Cash, Accrual (checked), 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)

G Web site WWW.THEGLOBALFUND.ORG. J Organization type (check only one) 501(c)(3) (checked), 4947(a)(1) or 527. K Check here if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes (checked), No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes (checked), No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes (checked), No. I Enter 4-digit GEN.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 841,893,974. M Check if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 a Special events and activities, b Less fundraising expenses, c Net income or (loss); 10 a Gross sales of inventory, less returns and allowances, b Less cost of goods sold, c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	52,018,878	52,018,878.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	282,502.	157,141	56,072.	69,289.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	150,000		150,000.	
32	Legal fees	113,546	22,709.	90,837	
33	Supplies	34,139.	25,605.	3,627	4,907.
34	Telephone	322,672.	242,004.	34,284	46,384.
35	Postage and shipping				
36	Occupancy	427,014	320,261.	45,370.	61,383.
37	Equipment rental and maintenance				
38	Printing and publications	134,603	125,700	8,903.	
39	Travel	836,819	517,706.	265,655.	53,458.
40	Conferences, conventions, and meetings	227,291	94,014.	130,920.	2,357.
41	Interest				
42	Depreciation depletion etc (attach schedule)				
43	Other expenses not covered above (itemize) STMT 1	43a 10,238,848	8,169,234.	1,414,800.	654,814.
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	64,786,312	61,693,252	2,200,468.	892,592

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? STMT 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>PROVIDING GRANTS TO LOCALLY-DEVELOPED PROGRAMS TO PREVENT AND TREAT AIDS, TUBERCULOSIS AND MALARIA</u> (Grants and allocations \$ 52,018,878)	61,693,252.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	61,693,252

Part IV Balance Sheets (See page 24 of the instructions)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	NONE	45	542,062.
	46	Savings and temporary cash investments	NONE	46	649,947,950.
	47a	Accounts receivable		47a	
	b	Less allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	178,980,987
	b	Less allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	178,980,987.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)		51a	
	b	Less allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	NONE	53	3,408,846.
	54	Investments - securities (attach schedule)		54	
	55a	Investments - land, buildings, and equipment basis		55a	
	b	Less accumulated depreciation (attach schedule)		55b	55c
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment basis		57a	
	b	Less accumulated depreciation (attach schedule)		57b	57c
	58	Other assets (describe ►)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	NONE	59	832,879,845.	
Liabilities	60	Accounts payable and accrued expenses	NONE	60	4,651,174.
	61	Grants payable	NONE	61	51,121,009.
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
66	Total liabilities (add lines 60 through 65)	NONE	66	55,772,183.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	NONE	67	777,107,662
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	NONE	73	777,107,662
	74	Total liabilities and net assets / fund balances (add 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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	791,893,974
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments		\$
(2)	Donated services and use of facilities		\$
(3)	Recoveries of prior year grants		\$
(4)	Other (specify)		\$
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	791,893,974
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify)		\$
	STMT 3		\$ 50,000,000
	Add amounts on lines (1) and (2)	d	50,000,000
e	Total revenue per line 12, Form 990 (line c plus line d)	e	841,893,974

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	64,786,312.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		\$
(2)	Prior year adjustments reported on line 20, Form 990		\$
(3)	Losses reported on line 20, Form 990		\$
(4)	Other (specify)		\$
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	64,786,312.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify)		\$
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	64,786,312

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		197,990.	29,083.	55,429

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule - see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

Table with columns for question number, description, and Yes/No responses. Includes questions 76 through 92 regarding organizational activities, financials, and reporting.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	10,078,303.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
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 _____					
104 Subtotal (add columns (B), (D), and (E))				10,078,303.	
105 Total (add line 104, columns (B), (D), and (E))					10,078,303

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this Declaration of preparation and believe it is true, correct and complete.

Please Sign Here

Signature of officer RICHARD G. A. FEAR
Type or print name and title
EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature Clark Nuber P.S.
Firm's name (or yours if self-employed) CLARK NUBER P.S.
address, and ZIP + 4 10900 NE 4TH, SUITE 100
BELLEVUE, WA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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**

OMB No 1545-0047

2002

Name of the organization **THE GLOBAL FUND TO FIGHT AIDS,
TUBERCULOSIS AND MALARIA**

Employer identification number

98-0380092

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THE WORLD HEALTH ORGANIZATION GENEVA SWITZERLAND	PERSONNEL CONTRACT SERVICES	\$2,322,377
	ADMIN SERVICES FEE	863,300
MCKINSEY & CO INC GENEVA SWITZERLAND	MANAGEMENT CONSULTANTS	2,530,000
THE WORLD BANK WASHINGTON, DC USA	TRUSTEE	2,320,000
PRICE WATERHOUSE COOPERS BERNE SWITZERLAND	LOCAL FUND AGENT	398,000
ODGERS RAY BERNDTSON LONDON UNITED KINGDOM	EXECUTIVE SEARCH	357,303
Total number of others receiving over \$50,000 for professional services	6	

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

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 Does the organization make grants for scholarships fellowships, student loans, etc? (See Note below)</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
 - 11b A community trust Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A.)
 - 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
(i)	Cash		X
(ii)	Other assets		X
b	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization		X
(ii)	Purchases of assets from a noncharitable exempt organization		X
(iii)	Rental of facilities, equipment, or other assets		X
(iv)	Reimbursement arrangements		X
(v)	Loans or loan guarantees		X
(vi)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
TRUSTEE/ADMINISTRATION FEES	3,183,300.	2,751,650.	431,650.	
PROFESSIONAL FEES	4,170,172.	3,387,791.	605,477.	176,904.
IT INFRASTRUCTURE	113,670.	85,252.	12,504.	15,914.
OFFICE INFRASTRUCTURE	768,858.	550,991.	92,949.	124,918.
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:				
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.
TOTALS	<u>10,238,848.</u>	<u>8,169,234.</u>	<u>1,414,800.</u>	<u>654,814.</u>

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

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DESCRIPTION	AMOUNT
-----	-----
CONTRIBUTION RECEIVED BUT CONTRIBUTION AGREEMENT WITH GATES FOUNDATION NOT SIGNED AT DECEMBER 31, 2002	50,000,000.

TOTAL	50,000,000.
	=====

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 -----
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

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. HELENE D. GAYLE AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	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

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 -----
MR. TOMMY G. THOMPSON AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
PROF. ADETOKUNBO O. LUCAS AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MRS. PHILIPPA LAWSON AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. PETER PIOT AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
DR. GRO HARLEM BRUNDTLAND AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE
MR. GEOFFREY LAMB AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER TRUSTEE <10 HRS/WK	NONE	NONE	NONE
MR. EDMOND TAVERNIER AVENUE LOUIS CASAI 53 1216 CN GENEVA SWITZERLAND	BOARD DESIGNATED <10 HRS/WK	NONE	NONE	NONE
DR. HUANG JIEFU AVENUE LOUIS CAVAI 53 1216 CN GENEVA SWITZERLAND	BOARD MEMBER <10 HRS/WK	NONE	NONE	NONE

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.	55,429.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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AS REPORTED IN FORM 990, PART V

FEDERAL FOOTNOTES

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

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA
Employer Identification number 98-0380092
Number, street, and room or suite no 9-11 RUE DE VAREMBE
City, town or post office, state, and ZIP code CH 1211 GENEVA 20 SWITZERLAND

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

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

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

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

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

4 I request an additional 3-month extension of time until 11/17/2003
5 For calendar year or other tax year beginning 01/22/2002 and ending 12/31/2002
6 If this tax year is for less than 12 months, check reason [X] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM THIRD PARTIES TO ASSURE PREPARATION OF A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification

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

Signature Tunde Aluvelaw Title Attorney Date 7/28/2003

Notice to Applicant - To Be Completed by the IRS

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

Director By Date

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

Name CLARK NUBER P S
Number and street (include suite, room, or apt. no) Or a P O box number 10900 NE 4TH, SUITE 1700
City or town, province or state, and country (including postal or ZIP code) BELLEVUE, WA 98004

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Form 8868

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA	Employer identification number	98-0380092
	Number, street, and room or suite no. If a P O box, see instructions	9-11 RUE DE VAREMBE		
	City, town or post office, state, and ZIP code For a foreign address, see instructions	CH 1211 GENEVA 20 SWITZERLAND		

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 08/15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 01/22, 2002, and ending 12/31, 2002

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature ▶ Linda A. Wueland Title ▶ attorney Date ▶ 5/13/03

For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)