Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For t	the 2007 ca	alendar	year, or tax year beg	ginning くるらく	, 200)7, an	d ending 🖖	200	S€ , 20 € S
В	Check it	if applicable:	Please	C Name of organization					D Employ	er identification number
	Addres	ss change	use IRS label or	THE ACKNOWN	TALARIA T	-cons	72	(5) (5)	Se 3	3067841
一		change	print or	Number and street (or	P.O. box if mail is not deli	vered to street	addres	s) Room/suite	E Telepho	one number
H	Initial r	-	type. See	STIVENTS	CANTER 310	~ 20th 5	X255	€7 3 000	1816	900 ST4 (
H	Termin		Specific Instruc-	City or town, state or	country, and ZIP + 4				F Accounting	method: Cash 7 Accrual
ᆷ		ded return	tions.	KANSASC	MY MASON	2351 Ed	105	3	Oth	er (specify) ►
\exists		tion pending	• Sec	tion 501(c)(3) organizat	tions and 4947(a)(1) no	nexempt char	itable	H and I are no	t applicable	to section 527 organizations.
لسببا	прриса	tion ponding			leted Schedule A (Form			H(a) Is this a	group return	for affiliates?
G	Websit	ite: 🕨 🤝	erenc	THEN ADA. C	racasa. co	270		H(b) If "Yes,"	enter numbe	er of affiliates >
	_						7	H(c) Are all af		
J	Organ	ization type	(check o	nly one) ► <u>✓</u> 501(c) (⇒) √ (insert no.) □ 4	947(a)(1) or	527	1		See instructions.)
K					(a)(3) supporting organiza			H(d) Is this a s		i filed by an v a group ruling? Yes No
				re than \$25,000. A return a complete return.	is not required, but if the	organization ch	ooses	<u>-</u>	cemption Nu	
		a roturn, be a		a complete return.				<u></u>	·····	ne organization is not required
L	Gross	receipts: A	Add lines	6b, 8b, 9b, and 10b	to line 12 ▶					orm 990, 990-EZ, or 990-PF).
	art I				nges in Net Asset	s or Fund	Bala	I		
	1	***************************************			nilar amounts receiv				200	
				o donor advised fun		eu. 1a	1			
	a			pport (not included			->-	6,236		
	b	-			d on line 1a)	• • -				,
	C		•	• •	•		l			
	d	Government contributions (grants) (not included on line 1a) 1d Total (add lines 1a through 1d) (cash \$ こつら、こうら noncash \$						1e	276,236	
	2				overnment fees and c		m Da	/ .	2	
	3	-		es and assessments		•		•	3	
	4				s				4	
	5			nterest from securiti					5	
	6a								THE ST	
Revenue										
					t line 6b from line 6				6c	
ne ne	7			nt income (describe		a		,	7	
ğ				rom sales of assets	(A) Consumiti	es	(1	3) Other	10000	
eve	oa			· · · · · · · · · · · ·		8a				
Œ	h			er basis and sales exp	i	8b	***************************************			
	1			ttach schedule) .	erises.	8c				
	1				olumns (A) and (B)				8d	
	9	_			edule). If any amount is			k hara	6500	
	_	•			codic). If arry amount is		, 01100	Millione P		
	a									
	h			penses other than fu		9b	***********			
	l				vents. Subtract line	9h from line	9a	- Andreas	9c	
	1				ns and allowances .		, ou		(S)	***************************************
	b			oods sold	io and anovarious	10b				
	c		-		tory (attach schedule).	Subtract line	10h fr	nm line 10a	10c	
	11			from Part VII, line 10					11	
	12				5, 6c, 7, 8d, 9c, 10c,	and 11 .			12	276,236
	13			es (from line 44, colu					13	331,898
36S	14			d general (from line					14	
Expenses	15	_		m line 44, column (E					15	
Ę	16			iliates (attach sched					16	
	17	,		`	44, column (A)				17	
ts	18				tract line 17 from lin				18	
Vet Assets	19			· ·	inning of year (from				19	61,231
ř.	20			_	d balances (attach e				20	
ž	21				f year Combine lines				04	1. ((0)

		ot include amounts rep 6b, 8b, 9b, 10b, or 16 c			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a		paid from donor advised fund						
		noncash S	· · · · · · · · · · · · · · · · · · ·					
		mount includes foreign grant		22	8			
22b		grants and allocations (
		mount includes foreign grant		221	331.898	331,894		
23		fic assistance to indi		·		1 2 3 3 6		
23		ule)		23				
24		its paid to or for me						
		ule)		24				
25a		ensation of current off						
	key en	nployees, etc. listed in F	art V-A	258	1			
b		ensation of former offi						
	key en	nployees, etc. listed in F	art V-B	25t)		<u> </u>	
C		ensation and other di						
		ed above, to disqualific						
		d under section 4958(f)(bed in section 4958(c)(3)		250				
26		es and wages of employe		200				
20		s 25a, b, and c		26				
27		n plan contributions n						
		5a, b, and c		27				
28		yee benefits not inclu						
	25a – 2	27		28				
29		taxes		29				
30		sional fundraising fees .		30		-		
31		nting fees		31	ļ			
32		ees		32				
33 34		es		34	<u> </u>			
		one		35				
	Occupa			36				
37		nent rental and maintena		37				
		and publications		38				
				39				
40	Confere	ences, conventions, and	meetings	40				
	Interest			41				
42	Depreci	iation, depletion, etc. (at	tach schedule)	42				
43	Other e	expenses not covered at	oove (itemize):					
a .				43a				
				43b				
_				43c				
		*		43d 43e				
_				43f				
				43g				
g .								
		unctional expenses. A 43g. (Organizations						
		s (B)-(D), carry these t			ا			
				44	331,4894	331,898		
		Check ► ☐ if you are		98-2.				The state of the s
re ani	v ioint co	osts from a combined educ	ational campaign :	and fu	ndraisina solicitatio	n reported in (R) Pro	aram continon?	Von Me

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

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.

All of	organizations must describe their exempt purpose achi- clients served, publications issued, etc. Discuss achiev	ievements in a clear and concise manner. State the number vements that are not measurable. (Section 501(c)(3) and (4) ust also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501 (c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	BUY LESSO LASTING BEDSON AFRICA AND ELSCOMERE PROMORD BY SE DONOR 66,000 1967 SYNCH SYNCH	in seatles the Ends	331, 8 98
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	Other program services (attach schedule)) if this amount includes foreign grants, check here	
Ü	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal	line 44, column (B), Program services)	331 898

Form **990** (2007)

Part I	Balance Sheets (See the instructions.)			9
Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	61231	45	5.569
46	Savings and temporary cash investments		46	
478	Accounts receivable		. 1	
l	Less: allowance for doubtful accounts . 47b		47c	
	10 1 10 10 10 10 10 10 10 10 10 10 10 10			
l l	Pledges receivable		40-	
ì			48c 49	
49	Grants receivable		49	
	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
t	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	Other notes and loans receivable (attach		1.6%	
Assets	schedule)		64-	
ğ 52	Less: allowance for doubtful accounts		51c	
53	Prepaid expenses and deferred charges		53	
	Investments—publicly-traded securities		54a	
	Investments—other securities (attach schedule)		54b	
	Investments—land, buildings, and		1040	
33a	equipment: basis			
h	Less: accumulated depreciation (attach			
-	schedule)		55c	
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis . 57a			
b	Less: accumulated depreciation (attach			
	schedule)		57c	
58	Other assets, including program-related investments			
59	(describe ►		58	CO
		61,231	59	5,567
60 61	Accounts payable and accrued expenses		60	
62	Grants payable		62	
	Loans from officers, directors, trustees, and key employees (attach		02	
	schedule)		63	
63 64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ►)		65	
cc	Tablification Addition CO to a 1 OF			
66	Total liabilities. Add lines 60 through 65	<u> </u>	66	
1	nizations that follow SFAS 117, check here ► ☐ and complete lines 67 through 69 and lines 73 and 74.		- 4	
67	Unrestricted	61,231	67	5569
68	Temporarily restricted		68	
69	Permanently restricted		69	
67 68 69 Orga	nizations that do not follow SFAS 117, check here ▶ ☐ and			
70	complete lines 70 through 74.		70	
	Capital stock, trust principal, or current funds		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
72	Total net assets or fund balances. Add lines 67 through 69 or lines			
/3	70 through 72. (Column (A) must equal line 19 and column (B) must	7	Ì	
	equal line 21)	61,231	73	5355
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	61231	74	5000

Pa	rt IV-A	Reconciliation of Revenue per Au instructions.)	dited Financial Stater	ments With Rev	enue p	er Return	(See the
a		enue, gains, and other support per aud		s		а	216
b	Amounts	included on line a but not on Part I, lir	ne 12:	F 4			
1		alized gains on investments		b1			
2							
3	Recoveri	es of prior year grants		b3			
4				b4			
						b	
C							-
d						1300	
1				d1			
2							
	(op		e a but not on Part I, line 12: investments grants b1 b2 b3 b4 b5 grants b2 b3 b4 b a c c a c c c b1 c c a c c c b2 c b3 c a c c b4 c a c c c c c c c c c c				
	Add lines					d	
е	Total rev	enue (Part I, line 12). Add lines c and	1			e	
Pa	rt IV-B	Reconciliation of Expenses per A	udited Financial State	ments With Exp	enses	per Retur	
а				Altra Carl Artis		a	A) (A
b		included on line a but not on Part I, lin		A November 1			
1						1.00	
2							
3				b3			
4							
				b4		-	
					10 B		
C	The state of the state of			of the State of the		C	
d		included on Part I, line 17, but not on I		V-55-0		1.75	
1				d1		- 1	
2	Other (sp	ecify):					
			/* 0 * 1 * 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			1,350	
	Add lines	d1 and d2	3 - 4 - 4 - 4 - 4 - 4 - 4	n backgra	3.20		
							e E W 12 - F2 - F2 - F2
re		or key employee at any time during the ve	s, and key Employees	Compensated \ /Se	who wa	is an officei	, director, trustee,
_		in to your project at any time daming the ye	(B)				(F) Expense account
		(A) Name and address	Title and average hours per	(If not paid, enter	benefit pla	ans & deferred	and other allowances
De		4347A77		-0)	comper	isation plans	
	J.VEC.	, where		0		0	0
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	77.37.77			1			

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For	m 990 (2007)					р	age 6
P	art V-A Current Officers, Directors, Truste	es, and Key Employ	ees (continued)			Yes	No
75	a Enter the total number of officers, directors, and meetings	trustees permitted to v		on business at board			encher addente.
	Are any officers, directors, trustees, or key emp employees listed in Schedule A, Part II, or f contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that it	nighest compensated ir II-B, related to eac	professional and h other through	other independent family or business	75b		Attended to the second tension of the second
	If "Yes," attach a statement that includes the in I Does the organization have a written conflict of Irt V-B Former Officers, Directors, Trustees, an	A, Part I, or highest of Part II-A or II-B, rehat are related to the office of the control of th	compensated proceive compensated programization? See	fessional and other ion from any other the instructions for	75c 75d	any fc	ormer
	officer, director, trustee, or key employee person below and enter the amount of con	received compensation on repensation or other bene	or other benefits (d fits in the appropri	escribed below) during ate column. See the ins	i the ye structio	ar, lis ns.)	t that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accoun	Expense of and of wance	other
							
		-					
		-					
		-				·	
		-					
		-					
		-					
Pai	t VI Other Information (See the instruction	ns.)			Y	es l	No.
76	Did the organization make a change in its activiti detailed statement of each change	es or methods of cond			76		1
77	Were any changes made in the organizing or government of the changes of the changes attach a conformed copy of the changes		not reported to t	he IRS?	77		Z_{\parallel}
	Did the organization have unrelated business grothis return? If "Yes," has it filed a tax return on Form 990-T f				78a 78b		_
79	Was there a liquidation, dissolution, termination, of a statement	•		r? If "Yes," attach	79		
b	Is the organization related (other than by associa common membership, governing bodies, truste organization?	es, officers, etc., to	any other exem	anization) through pt or nonexempt 8	30a /		man of the control of
81a	Enter direct and indirect political expenditures. (Solid the organization file Form 1120-POL for this	and check whether it is see line 81 instructions.)	s exempt or	nonexempt	1b		Arvero Althoris

	1 930 (2007)			age 1
Pa	rt VI Other Information (continued)	,l	Yes	No
82a	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	1	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
832	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	2016/2015
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	7	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	•	1
	· · · · · · · · · · · · · · · · · · ·	9392		A 1000
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	process	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_	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.			
c	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		- (1)	
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		1
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88ь		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction 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		1
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization >		3	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
_		89e		<u>1</u>
		89f	2007	2003
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions.)	760		
)1a	The books are in care of ▶ See Cost Telephone no. ▶ (Cos 44) <			
	Located at ► 10 BRICKET READ STALBONS OF ZIP + 4 ►			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	/es	No
		91b		7
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

rt VI Other Information (continued)						Yes	1
c At any time during the calendar year, did the If "Yes," enter the name of the foreign count Section 4947(a)(1) nonexempt charitable trus	ry >						L
and enter the amount of tax-exempt interest	received or accru	ed during the	tax vear	× nere			, ,
rt VII Analysis of Income-Producing Ad	ctivities (See the	instructions	.)				
e: Enter gross amounts unless otherwise		siness income	·	ction 512, 513, or 51	4	(E)	
cated.	(A)	(B)	(C)	(D)	Re	elated	
Program service revenue:	Business code	Amount	Exclusion cod			ipt fun ncome	
a					+	1001710	
b							_
Medicare/Medicaid payments							
Fees and contracts from government agencie	e l						
Membership dues and assessments			1		+		-
Interest on savings and temporary cash investment					+-		
Dividends and interest from securities	.				 		_
Net rental income or (loss) from real estate:	17877		Tarrana e			45.	
debt-financed property			100		ه ناشد ا		سند
not debt-financed property					 		
Net rental income or (loss) from personal property		······			1		
Other investment income					 		
Gain or (loss) from sales of assets other than inventory	,				1		_
Net income or (loss) from special events .					1		-
Gross profit or (loss) from sales of inventory					 	···	
Other revenue: a					1		_
					1		_
							_
					 		
					†		_
Subtotal (add columns (B), (D), and (E)) .							
Total (add line 104, columns (B), (D), and (E)): Line 105 plus line 1e, Part I, should equal the	amount on line 12	 . Part I.		>			
VIII Relationship of Activities to the Acc			oses (See th	e instructions)			_
No. Explain how each activity for which income					accomr	liehm	
of the organization's exempt purposes (oth	er than by providing	funds for such	purposes).	inportainty to the	accomp)1131 (1 t)	
				······································			
							_
							_
							_
IX Information Regarding Taxable Subs	idiaries and Disre	garded Entiti	i es (See the ir	structions.)			
(A) Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)		E)	
partnership, or disregarded entity own	nership interest	Nature of ac	tivities	Total income		of-yea sets	r
	%						
	%						
	%						
	%						
X Information Regarding Transfers Associ	iated with Persona	al Benefit Con	tracts (See the	e instructions.)			

Part XI	Information Regarding is a controlling organization mathe Code? If "Yes," complete the (A) Name, address, of each controlled entity	on as defined in section s • ike any transfers to a contr	512(b)(13). olled entity as		· · · · · · · · · · · · · · · · · · ·	rganiz Yes	
	Did the reporting organization mathe Code? If "Yes," complete the (A) Name, address, of each	ike any transfers to a contr schedule below for each c	olled entity as	-1. C1.	M 10	Yes	No
	the Code? If "Yes," complete the (A) Name, address, of each	schedule below for each control	olled entity as				, , , , ,
a	Name, address, of each	(B)	ontrolled entity	defined in sec	tion 512(b)(13) of		/
a		Employer Identification Number	Descr	(C) iption of nsfer	(D Amount of		fer
b							
С							
-	Totals					***************************************	******
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	eive any transfers from a c	ontrolled entity w for each cor	as defined in	section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(º Descri	C) ption of nsfer	(D) Amount of		er
а							
b							
С							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Totals						
	Did the organization have a bindin rents, royalties, and annuities desc			2006, covering	g the interest,	Yes	No
Please Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of n and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an					ny know ny know	ledge
Here	Signature of officer Type or print name and title	4		Dat	e		
aid reparer's	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (Se	ee Gen. I	nst. X
Jse Only	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN Phone no	▶ -		



c/o PricewaterhouseCoopers LLP 10 Bricket Road St Albans Herts AL1 3JX UK

FORM 990 – Year to 30 June 2008 Part V-A Line 75c

STATEMENT RE COMPENSATION FROM A RELATED ORGANISATION

The Against Malaria Foundation (US) is part of a worldwide network of registered Against Malaria Foundations. Robert Mather, the president of the US Foundation, is the founder of this network and is an acting director on all other Foundations.

The network conducts joint distribution programmes of long-lasting bednets and all Foundations have access to the same facilities and share the two employees, both of whom are paid through the UK Foundation. Robert Mather is one of these employees.

The network promises that 100% of public donations received will go toward buying bednets and this is possible because of the significant pro bono support received from many organisations and individuals and also because of certain private funding received from various generous philanthropists to cover various unavoidable expenditure.