

2008

Open to Public Inspection

Form 990-EZ

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 1 July, 2008, and ending 30 June, 20 09

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: The Against Malaria Foundation (US). Number and street (or P.O. box, if mail is not delivered to street address): 310 W. 20th Street. Room/suite: Ste 300. City or town, state or country, and ZIP + 4: Kansas City, Missouri 64108

D Employer identification number: 20 3069841. E Telephone number: ( 816 ) 472-9000. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [checked] Accrual [ ] Other (specify)

I Website: www.againstmalaria.com

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) - 501(c) ( 3 ) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 635,974

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 635,974. Total expenses are 639,137. Net assets at end of year are 2,406.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		✓
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>See attached.</b>		
<b>42a</b>	The books are in care of ▶ <u>Sean Good (c/o Diane Stine, Copilevitz &amp; Canter)</u> Telephone no. ▶ <u>( 816 ) 472 9000</u> Located at ▶ <u>310 W. 20th Street, Suite 300, Kansas City, Missouri</u> ZIP + 4 ▶ <u>64108</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>Yes</b>	<b>No</b>
<b>42b</b>			✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
<b>42c</b>			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |            | Yes                      | No                                  |
|------------|--------------------------|-------------------------------------|
| <b>46</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49b</b> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b** If "Yes," was the related organization(s) a section 527 organization? . . . . .
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Sean Good - Treasurer

▶ Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ Preparer's Identifying Number (See instructions)

EIN ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



**Form 990-EZ – 2008**

**Part V – Line 41**

**List of states in which copy of return is filed –**

Alaska, Alabama, Arkansas, Arizona, California, Colorado, Florida, Kentucky, Minnesota, Missouri, North Dakota, New Hampshire, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, Virginia and Washington.



**Form 990-EZ – 2008**

**Part 1 – Expenses : Line 16**

**Other expenses –**

The Against Malaria Foundation (US) is part of an international network of AMF foundations all acting with the common purpose of raising funds to help fight and eradicate malaria. This mission is pursued specifically through the purchase of long-lasting bednets for distribution in Africa and elsewhere.

In order to facilitate the administration of the AMF network and to ensure bednet suppliers are in a position to offer best prices and hence best value to donors, all bednets are procured through the AMF UK Foundation (The Against Malaria Foundation – previously known as The World Swim For Malaria Foundation). Hence, all donations received by AMF US from US resident donors are transferred to and routed through AMF UK.

Funds transferred to and routed through AMF UK by AMF US are reported as 'Other expenses (Line 16) in the 990-EZ.



HM Revenue  
& Customs

ATTACHMENT 3

Received 13/11

Charity, Assets & Residence  
Charities  
St John's House  
Merton Road  
Bootle, Merseyside  
L69 9BB

Mr S Goode  
c/o Messrs PriceWaterhouseCoopers  
10 Bricket Road  
St Albans  
Herts  
AL1 3JX

Tel 0151 472 6065

Fax 0151 472 6268

www.hmrc.gov.uk

Date 10 November 2006  
Our Ref 922/9/19873 19101/JB  
Your Ref

DX 725580

Dear Mr Goode

**The World Swim for Malaria Foundation**

I refer to our telephone conversation.

I can confirm that the above will be entitled to exemption from income tax under Section 505 Income and Corporation Taxes Act 1988 being established for charitable purposes only.

For all claims and correspondence **excluding corporation tax** you should use the reference **XR91823**.

The reference for all matters relating to corporation tax will be **922/09/19873 19101**.

As a charitable company the rules regarding corporation tax self-assessment will still apply. Strictly a return should be filed each year but we will not always insist on this. Instead, this office will call for returns from a sample of charities each year. Charities that do not receive notices to file a return are, of course, subject to the general obligation to notify chargeability in relation to non-exempt income and gains.

I have reviewed my records and have noted on this occasion only (even though notices to file corporation tax returns have been issued) that completed corporation tax returns are not required at the moment. The penalties charged have been cancelled.

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Information is available in large print, audio tape and Braille formats.  
Type Talk service prefix number - 18001

Head of Unit: Keith Moore



INVESTOR IN PEOPLE



If a notice to file is received in future a completed return will be required which should include the following:

- completed form CT600, on this details should be entered of any taxable income. As a charity you may feel that you do not have any then Nil or 0 should be entered in the relevant columns
- completed the charity supplementary pages, form CT600E (you can get a copy of this form by ringing the CTSA order line on 0845 300 6555), and
- enclosed a copy of the accounts covering the period of this return.

Please let me know if you have any questions.

Yours sincerely



**J Baird (Mrs)**  
Corporation Tax Co-ordinator