

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

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 2004 calendar year, or tax year beginning 2004, and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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 CHEMIN DE BLANDONNET 8 City or town, state or country, and ZIP + 4 CH-1214 GENEVA, SWITZERLAND	D Employer identification number 98-0380092
	E Telephone number 41-22-791-1765	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 Website: WWW.THEGLOBALFUND.ORG

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

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ N/AH(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,403,142,166.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	52,247,107.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	1,317,075,971.	
	d	Total (add lines 1a through 1c) (cash \$ 1,369,323,078. noncash \$)	1d	1,369,323,078.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	33,819,088.	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,403,142,166.		
Expenses	13	Program services (from line 44, column (B))	13	890,368,284.	
	14	Management and general (from line 44, column (C))	14	4,404,200.	
	15	Fundraising (from line 44, column (D))	15	3,077,515.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	897,849,999.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	505,292,167.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,028,006,208.	
	20	Other changes in net assets or fund balances (attach explanation) STMT 1	20	24,936,091.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,558,234,466.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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 22 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 \$ <u>854,368,079</u> , noncash \$ _____)	22 854,368,079.	854,368,079.	STMT 2	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 1,345,153.	887,054.	161,602.	296,497.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31 11,341.		11,341.	
32	Legal fees	32 179,863.	143,891.	35,972.	
33	Supplies	33 124,549.	102,130.	9,964.	12,455.
34	Telephone	34 557,885.	457,466.	44,631.	55,788.
35	Postage and shipping	35 103,889.	85,189.	8,311.	10,389.
36	Occupancy	36 829,360.	680,075.	66,349.	82,936.
37	Equipment rental and maintenance	37 133,084.	109,129.	10,647.	13,308.
38	Printing and publications	38 1,169,097.	757,500.	111,954.	299,643.
39	Travel	39 3,933,881.	2,338,588.	1,173,370.	421,923.
40	Conferences, conventions, and meetings	40 739,163.	196,726.	490,351.	52,086.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize) STMT 3	43a 34,354,655.	30,242,457.	2,279,708.	1,832,490.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 897,849,999.	890,368,284.	4,404,200.	3,077,515.

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must 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.)

a	<u>PROVIDING GRANTS TO LOCALLY-DEVELOPED PROGRAMS TO PREVENT AND TREAT AIDS, TUBERCULOSIS AND MALARIA.</u>	(Grants and allocations \$ 854,368,079.)	890,368,284.
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)		890,368,284.

Part IV Balance Sheets (See page 25 of the instructions.)

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
Assets	45 Cash - non-interest-bearing	224,734.	45	1,880,831.
	46 Savings and temporary cash investments	1,804,427,481.	46	2,442,527,327.
	47a Accounts receivable 47a			
	b Less allowance for doubtful accounts 47b		47c	
	48a Pledges receivable 48a	222,442,816.		
	b Less allowance for doubtful accounts 48b	104,181,538.	48c	222,442,816.
	49 Grants receivable		49	
	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	2,699,923.	53	5,705,839.
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		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)	1,911,533,676.	59	2,672,556,813.
Liabilities	60 Accounts payable and accrued expenses	302,908.	60	4,235,532.
	61 Grants payable	883,224,560.	61	1,110,086,815.
	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)	883,527,468.	66	1,114,322,347.
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	1,028,006,208.	67	1,558,234,466.
	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)	1,028,006,208.	73	1,558,234,466.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,911,533,676.	74	2,672,556,813.

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

[illegible]Form **990** (2004)

Yes	No
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Form 990 (2004)

Part VII Analysis of Income-Producing Activities (See page 33 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	33,819,088.	
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))				33,819,088.	
105 Total (add line 104, columns (B), (D), and (E))					33,819,088.

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 34 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)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (other than agent) under penalty of perjury.
	<div>Signature of officer</div> <div>RICHARD G.A. FEACHEM, EXECUTIVE DIRECTOR</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>CLARK NUBER P.S.</div> <div>Firm's name (or yours if self-employed)</div> <div>10900 NE 4TH, SUITE</div> <div>address, and ZIP + 4</div> <div>BELLEVUE, WA</div>

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

2004

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	PERSONNEL CONTRACT SERVICES	16,853,693.
GENEVA, SWITZERLAND	ADMIN SERVICES FEES	981,985.
PRICEWATERHOUSE COOPERS		
GENEVA, SWITZERLAND	LOCAL FUND AGENT FEE	5,350,877.
KPMG		
GENEVA, SWITZERLAND	LOCAL FUND AGENT FEE	3,127,390.
THE WORLD BANK	PERSONNEL CONTRACT SERVICES	293,605.
WASHINGTON, DC USA	TRUSTEE FEE	2,150,000.
UNOPS		
GENEVA, SWITZERLAND	LOCAL FUND AGENT FEE	709,630.
Total number of others receiving over \$50,000 for professional services	23	

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

Schedule A (Form 990 or 990-EZ) 2004

JSA

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

	Yes	No
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 ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
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.		
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.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . <u>SEE STATEMENT p. 6</u>	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)(vi) (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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,341,481,831.	652,834,684.			1,994,316,515.
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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28,235,044.	10,078,303.			38,313,347.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,369,716,875.	662,912,987.			2,032,629,862.
24 Line 23 minus line 17	1,369,716,875.	662,912,987.			2,032,629,862.
25 Enter 1% of line 23	13,697,169.	6,629,130.			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 40,652,597.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 59,347,403.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,032,629,862.
d Add Amounts from column (e) for lines 18 <u>38,313,347.</u> 19 <u> </u> 22 <u> </u> 26b <u>59,347,403.</u>					26d 97,660,750.
e Public support (line 26c minus line 26d total)					26e 1,934,969,112.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.1954 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2003) <u> </u> (2002) <u> </u> (2001) <u>NOT APPLICABLE</u> (2000) <u> </u> b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) <u> </u> (2002) <u> </u> (2001) <u> </u> (2000) <u> </u> c Add Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c <u> </u>
d Add Line 27a total <u> </u> and line 27b total <u> </u>					27d <u> </u>
e Public support (line 27c total minus line 27d total)					27e <u> </u>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f <u> </u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g <u> </u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h <u> </u> %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**NOT APPLICABLE**(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?	29	
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?	30	
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.) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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.	34b	
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	35	

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**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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	} 41		
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			
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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			NONE

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria
 EIN 98-0380092
 For the Period Ended December 31, 2004
 Form 990, Part II, Line 22
 List of Grants and Contributions Paid

Purpose of Grant	Grantee's Name	Grantee's Address	Grantee's city/ZIP code	Total Approved Amount	Amount not paid by 30 June 2005	Was Grant Approved, but not Paid?	Relationship	Tax Status of Recipient
Integrated	The Ministry of Health of the Islamic Republic of Afghanistan	Great Massoud Circle	Kabul	3,125,605	1,438,091	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health, Population and Hospital Reform of the Government of the People's Democratic Republic of Algeria	The Ministry of Health	Algiers	6,185,000	4,623,749	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	BRAC (Bangladesh Rural Advancement Committee)	75 Mohakhali, 13th Floor	Dhaka	11,172,846	4,377,785	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Ministry of Finance, The Government of the People's Republic of Bangladesh	Economic Relations Division, ERD, Bangladesh Secretariat	Dhaka	5,470,228	2,721,390	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	Kirova Str 17	Minsk 220050	6,818,796	4,001,596	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Belize Enterprise for Sustainable Technology	Male 54 Hummingbird Hwy ,	Belmopan	1,298,884	956,306	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	Aficare	01 BP 3142	Cotonou	1,383,931	567,436	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Centro de Investigación, Educación y Servicios (CIES)	Calle Vincenti y Muñoz Cornejo Número 900 (Zona Sopocachi)	La Paz	6,019,023	3,914,486	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	Centro de Investigación, Educación y Servicios (CIES)	Calle Vincenti y Muñoz Cornejo Número 900 (Zona Sopocachi)	La Paz	6,099,563	5,319,196	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Centro de Investigación, Educación y Servicios (CIES)	Calle Vincenti y Muñoz Cornejo Número 900 (Zona Sopocachi)	La Paz	2,381,646	1,861,690	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	03 BP	7009 Ouagadougou	7,505,405	5,603,048	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Public Health of the Government of the Republic of Cameroon	National AIDS Control Program, Near Red Cross	Yaounde	14,641,407	8,083,940	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	CARE International in Cameroon	Quarter Bastos, Rue de l'Ambassade d'Egypte	Yaounde	6,347,296	5,095,341	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Public Health of the Government of the Republic of Cameroon	National AIDS Control Program, Near Red Cross	Yaounde	16,938,794	11,520,242	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Public Health of the Government of the Republic of Cameroon	National AIDS Control Program, Near Red Cross	Yaounde	2,986,220	1,603,821	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	BP 872 PNUD	Bangui	4,695,012	3,760,391	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	BP 872 PNUD	Bangui	2,033,885	1,545,480	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Fonds de Soutien aux Activités en matière de Population (FOSAP, Support Fund for Population Activities)	B P 407	N'Djamena	7,380,156	3,698,601	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Fonds de Soutien aux Activités en matière de Population (FOSAP, Support Fund for Population Activities)	B P 407	N'Djamena	1,263,963	495,939	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China	No 27 Nanwei Rd	Beijing 100050	32,122,550	15,422,622	Grant disbursed in stage payments	Unrelated	Foreign

Purpose of Grant	Grantee's Name	Grantee's Address	Grantee's city/ZIP code	Total Approved Amount	Amount not paid by 30 June 2005	Was Grant Approved, but not Paid?	Relationship	Tax Status of Recipient
HIV/AIDS	The International Organization for Migration (IOM)	Carrera 14 #93B-46	Chico, Bogota	3,482,636	2,215,716	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Association Comonenne pour le Bien-Etre de la Famille (ASCOBEF)	Avenue de la Republique Populaire de Chine / B P 524	Moroni	685,600	265,315	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	Association Comonenne pour le Bien-Etre de la Famille (ASCOBEF)	Avenue de la Republique Populaire de Chine / B P 524	Moroni	1,534,631	935,148	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	Immeuble LOSONIA, Bld du 30	Juin-Kinshasa	34,799,786	28,530,299	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	Immeuble LOSONIA, Bld du 30	Juin-Kinshasa	24,966,676	19,210,678	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	CARE Cote d'Ivoire	13, Rue Georges Auric	75019 Paris	1,023,534	125,918	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	Angle Avenue Marchand, rue Gourgas	Abidjan	2,870,122	830,495	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Consejo Presidencial del SIDA (COPRESIDA) of the Government of the Dominican Republic	Plaza de la Salud, Ave Ortega y Gasset, Edificio CEDERHSA	Santo Domingo	14,698,774	9,095,899	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)	Calle Socorro Sánchez #160, Gazcue	Santo Domingo	2,636,816	2,016,142	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Health of the Government of the Democratic Republic of Timor-Leste	Dili, Timor Leste, Mercado Anbuo	Caicoli	967,650	716,765	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Public Health of the Republic of Ecuador	Ministerio de Salud Publica, Juan Larrea N14-46 y Rio Frio	Quito	7,453,979	6,341,695	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	National Tuberculosis Control Program, The Ministry of Health and Population of the Government of Egypt	NTP Egypt, El Shaab St	Cairo	2,480,219	2,126,107	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health of the Government of the State of Eritrea	P O Box 212	Asmara	8,124,910	4,393,905	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	BP 2183	Libreville	3,154,500	2,158,995	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	BP 2183	Libreville	7,419,624	6,195,371	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The National AIDS Secretariat of the Republic of the Gambia	Office of the President, 7 Clarkson Street	Banjul	6,241,743	2,987,593	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Department of State for Health of the Republic of the Gambia	The Quadrangles	Banjul	5,665,500	2,560,671	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Georgia Health and Social Projects Implementation Center	30 Gamsakhurdia Ave	Tbilisi 380060	645,700	206,800	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Fundacion Vision Mundial Guatemala	17 Calle 5-90, Zona 11, Col Mansal	Guatemala	8,423,807	5,827,514	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	Rue Abel Djassi, Immeuble Nations Unies	Bissau	1,166,801	1,048,847	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	Rue Abel Djassi, Immeuble Nations Unies	Bissau	1,885,791	1,692,885	Grant disbursed in stage payments	Unrelated	Foreign

Purpose of Grant	Grantee's Name	Grantee's Address	Grantee's city/ZIP code	Total Approved Amount	Amount not paid by 30 June 2005	Was Grant Approved, but not Paid?	Relationship	Tax Status of Recipient
Tuberculosis	The United Nations Development Programme	Rue Abel Djassi, Immeuble Nations Unies	Bissau	1,503,587	1,006,352	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health of Guyana	Hospital Compound, East Street	Georgetown	8,881,686	6,914,270	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Health of Guyana	Hospital Compound, East Street	Georgetown	2,055,675	1,243,304	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	Fondation SOGEBANK	Route de Delmas, BP 1315	Port-au-Prince	7,390,556	4,746,784	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Fondation SOGEBANK	Route de Delmas, BP 1315	Port-au-Prince	8,131,836	4,789,455	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Department of Economic Affairs of the Government of India	Rm 522, C Wing, Nirman Bhavan	New Delhi	26,116,000	21,350,000	Grant disbursed in stage payments	Unrelated	Foreign
HIV/TB	The Department of Economic Affairs of the Government of India	Rm 522, C Wing, Nirman Bhavan	New Delhi	2,667,346	2,501,918	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Department of Economic Affairs of the Government of India	Rm 522, C Wing, Nirman Bhavan	New Delhi	7,080,000	5,159,000	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health of the Government of Jamaica	Ministry of Health, 4th Floor, 2-4 Kings Street	Kingston	7,560,365	3,068,831	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	Grand Central Station, PO Box 1608	New York, NY 10163	7,658,187	4,385,913	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	Grand Central Station, PO Box 1608	New York, NY 10163	12,140,921	5,956,306	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	Grand Central Station, PO Box 1608	New York, NY 10163	4,534,017	1,864,383	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia	50 Divizija 6	Skopje 1000	4,348,599	2,486,609	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	S��cr��tariat Ex��cutif du Comit�� National de Lutte Contre le VIH/SIDA	Lot II M 46 Y Androhuba	Antanananvo 101	13,415,118	7,056,612	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	UGP-CRESAN	"Maison de la Reunion" - Rue Docteur Villetta, Isoraka Lot IB 111 Bis-2eme Etage	Antanananvo	5,232,448	2,467,670	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	S��cr��tariat Ex��cutif du Comit�� National de Lutte Contre le VIH/SIDA	Lot II M 46 Y Androhuba	Antanananvo 101	3,982,018	2,132,112	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	BP 620	Nouakchott	824,044	143,045	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	BP 620	Nouakchott	1,104,742	445,441	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The National AIDS Council (CNCS) of Mozambique	Rua Antonio Bocarro, No 106-114	Maputo	7,732,956	7,732,956	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Health of the Government of Mozambique	Ave Eduardo Mondlane, No 1008, 8th Floor	Maputo	12,217,393	5,563,675	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Health of the Government of Mozambique	Ave Eduardo Mondlane, No 1008, 8th Floor	Maputo	9,202,140	7,946,390	Grant disbursed in stage payments	Unrelated	Foreign

Purpose of Grant	Grantee's Name	Grantee's Address	Grantee's city/ZIP code	Total Approved Amount	Amount not paid by 30 June 2005	Was Grant Approved, but not Paid?	Relationship	Tax Status of Recipient
Tuberculosis	The Ministry of Health of the Government of Mozambique	Ave Eduardo Mondlane, No 1008, 8th Floor	Maputo	21,959,684	13,484,585	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Caribbean Community Secretariat	Avenue of the Republic, Bank of Guyana Building	Georgetown	6,100,900	3,912,792	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	6, Natmauk Road, P O Box 650	Yangon 11181	6,997,137	4,261,903	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health and Social Services of the Government of Namibia	Private Bag 13198	Windhoek	26,082,802	18,862,160	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Health and Social Services of the Government of Namibia	Private Bag 13198	Windhoek	3,719,354	1,998,930	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Health and Social Services of the Government of Namibia	Private Bag 13198	Windhoek	904,969	505,393	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The National Multi-sectoral Coordination Unit for the Fight Against HIV/AIDS/STI of the Government of the Republic of Niger	BP 10077	Niamey	8,475,297	6,254,033	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	Centre of International Cooperation in Health and Development (CCISD)	B P 2921	Niamey	4,815,109	1,932,169	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Yakubu Gowon Center for National Unity and International Cooperation	P O Box 3995, Garki	Abuja	20,994,149	12,287,157	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Yakubu Gowon Center for National Unity and International Cooperation	P O Box 3995, Garki	Abuja	20,467,000	16,198,200	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Ministry of Health	Islamabad	1,548,636	1,093,836	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan	Ministry of Health	Islamabad	5,605,431	3,758,705	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Department of Health of the Government of Papua New Guinea	P O Box 807	Wagau NCD	6,106,557	3,582,539	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo	Itapua 1327 e/ Primer Presidente	Asunción	1,194,902	760,976	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Tropical Disease Foundation, Inc	2 Amorsolo St	Makati City	3,496,865	1,646,326	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Open Health Institute	Grokholskiy pereulok, 28	Moscow 129010	31,596,307	9,265,357	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Partners In Health	Trekhpudnyy pereulok, 11/13, block 3, office 25	Moscow 103001	6,306,869	3,797,021	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Health of the Government of Rwanda	B P 84	Kigali	14,860,735	3,666,380	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Health of the Government of Rwanda	B P 84	Kigali	13,045,293	5,616,450	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Health of the Government of Rwanda	B P 84	Kigali	5,946,347	2,877,047	Grant disbursed in stage payments	Unrelated	Foreign

Purpose of Grant	Grantee's Name	Grantee's Address	Grantee's city/ZIP code	Total Approved Amount	Amount not paid by 30 June 2005	Was Grant Approved, but not Paid?	Relationship	Tax Status of Recipient
Tuberculosis	The Ministry of Health of the Republic of Serbia of the Government of Serbia and Montenegro	22-26 Nemanjina	Belgrade 11000	2,428,986	1,273,137	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Children's Fund	P O Box 41445	Nairobi	8,890,497	2,767,464	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	World Vision - Somalia	PO Box 56527	00200 Nairobi, Kenya	5,601,215	3,332,119	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Provincial Health Department of the Western Cape, South Africa	P Bag X828 Pretoria	Pretoria	15,521,457	7,239,382	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	House 7, Block 5, Gama'a Avenue, PO Box 913	Khartoum	12,855,490	7,952,076	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	House 7, Block 5, Gama'a Avenue, PO Box 913	Khartoum	5,842,932	3,777,068	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	Medische Zending - Primary Health Care Suriname	Zonnenbloemstraat 25-27	Paramaribo	2,963,950	1,879,100	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland	P O Box 1937,	Mbabane	1,348,400	810,760	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The United Nations Development Programme	39, Aina Street	734024 Dushanbe	2,508,720	789,155	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	Project HOPE	238, Mukanov Street	480008 Almaty	1,301,485	961,337	Grant disbursed in stage payments	Unrelated	Foreign
HIV/TB	The Ministry of Finance of the Government of the United Republic of Tanzania	P O Box 9111	Dar es Salaam	23,951,034	14,276,326	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	P O Box 236	Zanzibar	5,089,361	2,297,284	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar	P O Box 236	Zanzibar	959,482	289,806	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	RAKS THAI FOUNDATION	185-187 Paholyothun 11, Samsannai	Bangkok 10400	911,542	636,401	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The United Nations Development Programme	40 Avenue des Nations Unies	Lome	3,479,336	1,333,065	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The United Nations Development Programme	40 Avenue des Nations Unies	Lome	1,752,982	1,234,750	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	P O Box 8147	Kampala	70,357,632	62,861,250	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	P O Box 8147	Kampala	23,211,300	13,461,942	Grant disbursed in stage payments	Unrelated	Foreign
Tuberculosis	The Ministry of Finance, Planning and Economic Development of the Government of Uganda	P O Box 8147	Kampala	4,692,021	2,636,994	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The International HIV/AIDS Alliance	Queensbury House, 104-106 Queens Road	Brighton BN1 3XF	300,000	0	Grant disbursed in stage payments	Unrelated	Foreign

The Global Fund to Fight AIDS, Tuberculosis and Malaria
 EIN 98-0380092
 For the Period Ended December 31, 2004
 Form 990, Part II, Line 22
 List of Grants and Contributions Paid

Purpose of Grant	Grantee's Name	Grantee's Address	Grantee's city/ZIP code	Total Approved Amount	Amount not paid by 30 June 2005	Was Grant Approved, but not Paid?	Relationship	Tax Status of Recipient
HIV/AIDS	The International HIV/AIDS Alliance	Queensbury House, 104-106 Queens Road	Brighton BN1 3XF	23,297,619	32,907	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	The National AIDS Center of the Ministry of Health of the Government of the Republic of Uzbekistan	12, Farkhod Street, kvartal 16, Chulanazar distr	Tashkent 700135	4,760,755	3,165,078	Grant disbursed in stage payments	Unrelated	Foreign
Malaria	The National Institute of Malanology, Parasitology and Entomology / Ministry of Health of the Government of the Socialist Republic of Vietnam	14 Lang Ha Str Ba Dinh District	Hanoi	13,388,402	10,170,185	Grant disbursed in stage payments	Unrelated	Foreign
HIV/AIDS	Cancellation of Ukraine Grants		Ukraine	(24,344,894)			Unrelated	Foreign

Subtotal \$ 861,272,690

Discount to Net Present Value (SFAS 116) (6,904,611)

TOTAL \$ 854,368,079

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

NET UNREALIZED FOREIGN EXCHANGE GAIN ON
CONTRIBUTIONS RECEIVABLE AND PROMISSORY
NOTES TO BE ENCASHED.

24,936,091.

TOTAL

24,936,091.
=====

The Global Fund to Fight AIDS, Tuberculosis and Malaria: 98-0380092
For the period ended: December 31, 2004

Form 990 Part II-Other Expenses

Description	TOTAL	Program Services	Management & General	Fundraising
Local Fund Agent fees	12,175,684	12,175,684	-	-
Trustee/Administration fees	3,131,985	2,640,993	490,993	-
Other professional fees	2,850,289	2,642,181	139,655	68,454
IT infrastructure	689,497	565,387	55,160	68,950
Office infrastructure	224,102	183,763	17,928	22,410
<p>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.</p>				
Wages paid for services of contract personnel	13,185,283	10,208,102	1,382,439	1,594,741
Benefit plans: pension, health and accident insurance for services of contract personnel	2,800,513	2,168,169	293,626	338,718
Relocation costs on appointment and separation paid for services of contract personnel	642,456	545,232	61,510	35,714
SUB-TOTALS	35,699,808	31,129,511	2,441,310	2,128,987
Less: compensation of officers, directors, etc.	1,345,153	887,054	161,602	296,497
TOTALS	34,354,655	30,242,457	2,279,708	1,832,490

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 BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

PRIOR YEARS' ADJUSTMENT FROM
CURRENT YEAR ADOPTION OF
SFAS 116

-146,836,499.

TOTAL

-146,836,499.
=====

The Global Fund to Fight AIDS, Tuberculosis & Malaria
EIN 98-0380092
For the Year Ended December 31, 2004
Form 990, Part V - List of Officers, Directors, and Trustees

Name and Address	Title	Average Hours/Week	Compensation	Benefits	Expenses & Allowances
Dr. Richard Feachem Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Executive Director	>50 Hrs/wk	211,124	21,399	113,316
Mr. John Burke Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Chief Administrative Officer	>50 Hrs/wk	115,066	38,288	None
Mr. Brad Herbert Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Chief of Operations	>50 Hrs/wk	177,084	10,013	51,750
Dr. Bernhard Schwartländer Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Director, Strategic Information & Evaluation	>50 Hrs/wk	143,139	46,426	None
Dr. Christoph Benn Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Director, External Relations	>50 Hrs/wk	161,339	50,967	5,014
Mr. Barry Greene Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Chief Financial Officer	>50 Hrs/wk	146,003	44,252	9,973
Mr. Tommy Thompson Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member, Chair of the Board	<10 Hrs/wk	None	None	None
Dr. Hélène Rossert-Blavier Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member, Vice-chair of the Board	<10 Hrs/wk	None	None	None
Dr. Ernest Loevinsohn Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Ms. Anandi Yuravaj Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Ms. Rita Arauz Molina Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Ovidiu Brinzan Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None

Mr. Ejaz Rahim Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Tariq Farook Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Syed Anwar Mahmood Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Manto Tshabalala-Msimang Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Lieve Fransen Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Ms. Mireille Guigaz Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Giuseppe Deodato Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Shigeki Sumi Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Carol Jacobs Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Lennarth Hjelmåker Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Helen Gayle Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Rajat Gupta Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None

Ms. Sushma Swaraj Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Anbumani Ramadoss Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Mr. Urbain Olangueno Awono Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Huang Jiefu Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member	<10 Hrs/wk	None	None	None
Dr. Peter Piot Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member, non-voting	<10 Hrs/wk	None	None	None
Dr. Jong-Wook Lee Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member, non-voting	<10 Hrs/wk	None	None	None
Mr. Geoffrey Lamb Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member, non-voting	<10 Hrs/wk	None	None	None
Mr. Edmond Tavernier Avenue Louis-Casai 1216 Cointrin, Geneva, Switzerland	Board Member, non-voting	<10 Hrs/wk	None	None	None
			953,755	211,345	180,053

FEDERAL FOOTNOTES

THE AUDITED FINANCIAL STATEMENTS, AS WELL AS 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. ☒ **X**

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.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE 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 AVENUE LOUIS-CASAI 53	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions 1216 CN GENEVA 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(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

• The books are in the care of **BARRY GREENE**

Telephone No. **412 27911765**

FAX No. **412 27911791**

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

• 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 **11/15/2005**.
- 5 For calendar year **2004**, or other tax year beginning _____ and ending _____.
- 6 If this 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 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 **Jenny A. Beck-Harris** Title **CPA** Date **8/2/05**

Notice to Applicant - To Be Completed by the IRS

- ☒ 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 extended 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.

Type or print	Name CLARK NUBER P.S.	EXTENSION APPROVAL 11/15/2005 FIELD DIRECTOR
	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	

Form **8868**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ 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 ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)****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.*

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization THE GLOBAL FUND TO FIGHT AIDS,	Employer Identification number
	TUBERCULOSIS AND MALARIA	98-0380092
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	AVENUE LOUIS-CASAI 53	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	1216 CN GENEVA 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

- The books are in the care of ▶ **BARRY GREENE**

Telephone No. ▶ **412 27911765**FAX No. ▶ **412 27911791**

- If the organization does **not** have an office or place of business in the United States, check this box ☒ **X**
- 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-months for a **Form 990-T corporation**) extension of time until **08/15**, **2005**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2004** or
- ▶ ☐ tax year beginning _____, _____, and ending _____, _____.

- 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. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)