### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS Address change TUBERCULOSIS AND MALARIA Name change 30-0220874 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (202)789-08011634 EYE STREET, NW 1100 5,652,086. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20006 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRIS COLLINS for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( 4947(a)(1) or ) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► WWW.THEGLOBALFIGHT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other -L Year of formation: 2003 M State of legal domicile: DC Trust Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATE, ENGAGE AND MOBILIZE Activities & Governance U.S. DECISION MAKERS TO FIGHT AIDS, TUBERCULOSIS & MALARIA. if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 76,291 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 796,799. 5,547,672. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 2,252. 6,920. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 105,456. 97,494. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 904,507. 5,652,086. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,543,288. 1,600,834. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,034,561. 977,179. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,577,849. 2,578,013. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,673,342.3,074,073. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,704,272. 5,816,996. 20 Total assets (Part X, line 16) 300,157.<u>338,808.</u> 21 Total liabilities (Part X, line 26) 404,115. 478,188 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. 10/26/2021 Signature of officer Date Sign CHRIS COLLINS, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature AMY FOX AMY FOX 10/26/21 P00847276 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN > 41 - 0746749Preparer Firm's address > 901 NORTH GLEBE ROAD, SUITE 200 Use Only ARLINGTON, VA 22203 Phone no. (571) 227-9500 X Yes May the IRS discuss this return with the preparer shown above? See instructions

These if Schedule Contains a response or note to any line in this Part III  Bietly describe the organization symmetry or the Containing and the C	Par	t III Statement of Program Service Accomplishments
FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS, TUBERCULOSIS & MALARIA (FRIENDS) WORKS TO END THE WORLDWIDE BURDEN OF AIDS, TUBERCULOSIS & MALARIA, WE EDUCATE, ENGAGE AND MOBILIZE U.S. DECISION MAKERS TO SUPPORT THE GLOBAL FUND, THE WORLD'S LARGEST PUBLIC HEALTH FINANCIER.  2 Did the organization undertake any significant program services during the year winch were not listed on the price of the second program services on Schodule O.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		Check if Schedule O contains a response or note to any line in this Part III
MALIARIA. WE EDUCATE, ENGAGE AND MOBILIZE U.S. DECISION MAKERS TO SUPPORT THE GLOBAL FUND. THE WORLD'S LARGEST PUBLIC HEALTH FINANCIER.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 804-E2?	1	,
SUPPORT THE GLOBAL FUND, THE WORLD'S LARGEST PUBLIC HEALTH FINANCIER.    Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27.   Yes.   X No if Yes., 'describe these new services on Schedule O.   Yes., 'describe these new services on Schedule O.   Yes., 'describe these changes on Schedule O.   Yes., 'describe these changes on Schedule O.   Yes., 'describe these changes on Schedule O.   Private of the organization of program service accomplishments for each of its three largest program services, as measured by expenses.   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported.   Yes, 'describe the organization's program service sported.   Yes, 'describe the organization's program service sported.   Yes, 'describe the organization's program services, as measured by expenses.   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses.   Yes, Communication Services and Programs services and allocations to others, the total expenses.   Yes, Communication Services and Programs services and programs services.   Yes, Communication Services   Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,		(FRIENDS) WORKS TO END THE WORLDWIDE BURDEN OF AIDS, TUBERCULOSIS &
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MALARIA AND THE FIGHT AGAINST THESE THREE DISEASES AROUND THE WORLD.  4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 2,093,254.		
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4e Total program service expenses ► 2,093,254.	Tu	
	<b>4</b> e	0.000.054
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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ــ ا		v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	the state of the s	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Δ.

Form 990 (2020) TUBERCULOSIS AND MALARIA

Part IV | Checklist of Required Schedules (continued)

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ı u	Officerist of Required Scriedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		х
21	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			. v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
032004	4 12-23-20	Form	<b>99</b> 0	(2020)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del>                                     </del>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			[	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[	5		X
6	Did the organization have members or stockholders?			[	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			[	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			ļ			
а	The governing body?		-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the for	m?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$	'es," d	escribe				
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	I by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ŀ	45	Ţ	
	The organization's CEO, Executive Director, or top management official			- 1	15a	X	
b	Other officers or key employees of the organization				15b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ith a				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year?			}	16a		
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····	iva		44
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		· ·				
	exempt status with respect to such arrangements?	1201101		ļ	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶DC , AL , AK , AR , C	A,C	O,CT,FL	,GA,	HI,	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar						
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cy, and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨				
	LINDA PARKER - 202-912-3828	1000					
	CHE COURDILE O HOD BILL LICE OF CHAMPS	0006			_	000	· · · · · ·
032006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2020)

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable compensation	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation		amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GUDTA GOLLTVA	line) 40.00	ᆵ	lus	#0	Ke	훈툽	For			
(1) CHRIS COLLINS PRESIDENT	40.00			х				270 101	0.	22 654
(2) LINDA PARKER	40.00			Δ				379,181.	0.	33,654.
CHIEF OPERATIONS & COMPLIA	40.00					X		221,717.	0.	27,633.
(3) MARK LAGON	40.00					Δ		221,111.	<u></u>	27,055
CHIEF POLICY OFFICER	40.00					х		197,714.	0.	30,042.
(4) SAMANTHA MAJERUS	40.00							171,114.	<u></u>	30,042.
SENIOR DIR OF COMMUNICATIO	40.00					x		142,229.	0.	7,196.
(5) SHANNON KELLMAN	40.00							112/225	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
POLICY DIRECTOR						x		108,109.	0.	7,952.
(6) NATASHA BILIMORIA	1.00									. , , , , , , .
BOARD MEMBER UNTIL NOV 2020		х						0.	0.	0.
(7) BARBARA BUSH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JONATHAN KLEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MAURINE MURENGA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARK DYBUL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ERIC GOOSBY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIAM FRIST	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) JEFFREY STURCHIO	2.00									
CHAIR		Х		Х				0.	0.	0.
(14) NICOLE SEXTON	2.00								•	
SECRETARY	0.00	X		Х				0.	0.	0.
(15) LINDA WOOLLEY	2.00	٦,		37					_	
TREASURER		Х		Х				0.	0.	0.
		ł								
		ł								

Form 990 (2020)

TUBERCULOSIS AND MALARIA

Section A. Officers, Directors, Trus		DIOY	ees,			gnes	τC		,	$\overline{}$		
(A)	(B)			((				(D)	(E)		(F)	
Name and title	Average	(do		Posi neck r		<b>)</b> than c	ne	Reportable	Reportable		Estimat	
	hours per week					s both		compensation	compensation	1	amoun	
	(list any	-			<u> </u>		,	from the	from related organizations		othe	
	hours for	Individual trustee or director				- O		organization	(W-2/1099-MIS		from th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 miles	,	organiza	
	organizations	trust	ıal tru		yee	ompe					and rela	
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				organizat	ions
	line)	ibul	Insti	Officer	Key	High	Former					
		1										
										$\dashv$		
		-										
										$\dashv$		
		1										
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		1										
										$\neg$		
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		-										
										$\rightarrow$		
		1										
1b Subtotal	<u> </u>				<u> </u>			1,048,950.		0.	106,4	77.
1b Subtotal c Total from continuation sheets to Part VI	I Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,048,950.			106,4	
2 Total number of individuals (including but n							o re		000 of reportable		•	
compensation from the organization									•			5
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									📙	3	X
4 For any individual listed on line 1a, is the su	•		•					•	•			
and related organizations greater than \$150	,		•							📙	4 X	
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services	L	_	177
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .				<u></u>	5	X
<del></del>	mananatad ind	lono	ndor	<b>.</b>	+		- +b	and reactived mare than C	100 000 of comp		on from	
1 Complete this table for your five highest co the organization. Report compensation for										31 ISaliC	וווטוו	
(A)	tric calcindar y	Jai C	iiuii	ig w	iti i c	JI VVII		(B)	Jai.		(C)	
Name and business	address							Description of s	ervices	Co	mpensation	on
PECK MADIGAN JONES, 1300	CONNECT	IC	UT	A'	VE	,						
NW, SUITE 600, WASHINGTON	I, DC 20	03	6					CONSULTING			120,0	00.
THE 2030 COLLABORATIVE								FAITH OUTREAC	CH			
5508 IRON GATE DR., NASHV	ILLE, T	N	37	20	5			ADVOCACY			120,0	00.
							_					
							$\dashv$					
O Tatal according to a Cindag and death a saturation of		- A - 12	-:4					abova) who received me	He see			

\$100,000 of compensation from the organization

Form 990 (2020) TUBERCU
Part VIII | Statement of Revenue TUBERCULOSIS AND MALARIA

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		Check in Schedule O Contains a response	or note to any iii	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and	E47 672				
ori Otto			547,672.	-			
Son	9 h	Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f		5,547,672.			
<u> </u>		Total / Nad II/105 Tu TT	Business Code	702170120			
ø	2 a	. <u> </u>					
Σiς	b						
Se	С						
ran Sev	d						
Program Service Revenue	е						
ш	•	All other program service revenue					
_	3	Total. Add lines 2a-2f  Investment income (including dividends, interesting)					
		other similar amounts)		6,920.			6,920.
	4	Income from investment of tax-exempt bond p		,			•
	5	Royalties	<b></b>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 21,203.		_			
		Less: rental expenses 6b 0.		-			
		Rental income or (loss) 6c 21,203.		21,203.			21,203.
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other	21,203.			21,203.
	, a	assets other than inventory 7a	(, 55.	-			
	b	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
Revenue	С	Gain or (loss)7c					
		Net gain or (loss)	<u> </u>				
Other	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
		Part IV, line 18		-			
		Less: direct expenses 8b	<u> </u>				
		Net income or (loss) from fundraising events Gross income from gaming activities. See	<b>_</b>				
	3 a	Part IV, line 19 9a					
	b	Less: direct expenses		-			
		Net income or (loss) from gaming activities	<b>&gt;</b>				
		Gross sales of inventory, less returns					
		and allowances 10	a				
		Less: cost of goods sold 10	o				
	С	Net income or (loss) from sales of inventory .	Business Code				
sn	11 ~	ADMINISTRATIVE FEES	Business Code 900099	76,291.		76,291.	
neo	ii a b		700079	70,2510		10,251	
ella	C						
Miscellaneous Revenue	d	All other revenue					
≥	е	Total. Add lines 11a-11d	<b>&gt;</b>	76,291.			
		Total revenue. See instructions		5,652,086.	0.	76,291.	28 123.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 370,708. 436,127. 21,807. 43,612. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 953,169. 747,400. 167,954. 37,815. Other salaries and wages 7 Pension plan accruals and contributions (include 3,417. 25,813. 21,544. 852. section 401(k) and 403(b) employer contributions) 83,215. 12,112. 100,775. 5,448. Other employee benefits 9 84,950. 68,465. 11,904. 4,581. 10 Payroll taxes Fees for services (nonemployees): Management Legal 65,418. 65,418. Accounting 69,600. 69,600. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 427,309. 413,294. 13,740. 275. column (A) amount, list line 11g expenses on Sch O.) 13,000. 13,000. Advertising and promotion 12 26,277. 17,339. 7,954. 984. Office expenses 13 Information technology 14 15 Royalties 247,888. 209,433. 27,354. 11,101. 16 Occupancy 35,378. 17,083. 17,662. 633. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 17,453. 14,660. 1,920. 873. Depreciation, depletion, and amortization 22 2,118. 2,118. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 46,385. 35,442. 4,356. 6,587. SUBSCRIPTIONS PRINTING AND COPYING 9,273. 8,629. 339. 305. 8,246. 8,800. 523. 31. GIFTS 2,493. 1,206. 1,214. d EQUIPMENT LEASES 73. 5.787. 1.705. 3,318. 764. **e** All other expenses 2,578,013. 2,093,254. 370,825. 113,934. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

	990 (2		ND M	ALARIA		30-	0220874 Page <b>11</b>
Parl	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			212,289.	1	360,003
	2	Savings and temporary cash investments		2,304,537.		2,011,407	
	3	Pledges and grants receivable, net	115,957.	3	3,300,309		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	ontributor, or 35%				
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>ĕ</b>	9	B			21,252.	9	88,568
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	150,291.			
	b	Less: accumulated depreciation	10b	112,876.	30,943.	10c	37,415
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets	L		14		
	15	Other assets. See Part IV, line 11	·····	19,294.	15	19,294	
_	16	Total assets. Add lines 1 through 15 (must equa	2,704,272.	16	5,816,996		
	17	Accounts payable and accrued expenses		124,020.	17	172,160	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	-			22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	176 127		166 640
		of Schedule D			176,137. 300,157.		166,648 338,808
+	26	Total liabilities. Add lines 17 through 25		▶ ▼	300,137.	26	330,000
္မွ		Organizations that follow FASB ASC 958, chec	ck nere				
ဗ္ဗ	07	and complete lines 27, 28, 32, and 33.		-	1,623,013.	27	1,024,854
 	27 22			781,102.	28	4,453,334	
<u>6</u>	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 95		101,102.	20	±,±33,334	
두			CATION P				
<u> </u>	20	and complete lines 29 through 33.  Capital stock or trust principal, or current funds		-		29	
et Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or eq				30	
YSS.	31	Retained earnings, endowment, accumulated inc				31	
<b>f</b>	32	Total net assets or fund balances	, Jine, U	r other funds	2 404 115.		5 478 188.

5,816,996. Form **990** (2020)

5,478,188.

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,404,115.

2,704,272.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,65	<u>2,0</u>	<u>86.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,57		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,40	4,1	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,47	8,1	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
_	Act and OMB Circular A-133?	-	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA 30-0220874 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	150,566.	5386062.	1312423.	796,799.	5547672.	13193522.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	150,566.	5386062.	1312423.	796,799.	5547672.	13193522.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6601129.
6	Public support. Subtract line 5 from line 4.						6592393.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	150,566.	5386062.	1312423.	796,799.	5547672.	13193522.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	51,367.	53,443.	54,487.	57,708.	28,123.	245,128.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,421.				1,421.
11	<b>Total support.</b> Add lines 7 through 10						13440071.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2020 (li					14	49.05 %
	Public support percentage from 2019					15	<u>15.68 %</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	•	VI how the organiz	zation
	meets the facts-and-circumstances tes	-		*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s

Schedule A (Form 990 or 990-EZ) 2020

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	Ow, picase com	picto i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						,
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
Section C. Computation of Public						
15 Public support percentage for 2020 (lin			column (f))		15	9/
Public support percentage from 2019 S					16	9
Section D. Computation of Invest					T T	
17 Investment income percentage for 202					17	9
18 Investment income percentage from 26					18	9
<b>19a 33 1/3% support tests - 2020.</b> If the o						7 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the c	-	-	•			
line 18 is not more than 33 1/3%, check	k this box and <b>s</b>	<b>top here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a or 19b check th	nis box and see ins	structions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
Oc		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			ago o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type it Supporting Organizations		Ι.,	г
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	· ·	г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	<i>,</i> ,			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

### FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS

Schedule A (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA 30-0220874 Page 6

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	1.6		
ŭ	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	<del>                                     </del>		
7	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	1 0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	anization (see
•	instructions).	,	) ···	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA

30-0220874 Page 7

	dule A (Form 990 or 990-EZ) 2020 TUBERCULOSIS  † V   Type III Non-Functionally Integrated 509		nizations (continu		0-0220874 Page 7
	ion D - Distributions	(а)(с) сарроталу стуа	CONTIN	ueu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pri	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>e</u>	Excess from 2020				Form 990 or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

# FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS

Schedule A	(Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA	30-0220874 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b: Part III. line 12:
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines	1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	t V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	ional information.
	(See instructions.)	
	<u></u>	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization

Organization type (check one):

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

**Employer identification number** 

30-0220874

Filers of:	Section:
Form 990 or 990	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Oh a al. if	principles is account by the Consult Dule on a Consil Dule
,	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
section any one	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h m 990-EZ, line 1. Complete Parts I and II.
contribi literary,	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.
year, co is checl purpose	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ntributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,  Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, charitable, etc., contributions totaling \$5,000 or more during the year
but it must answ	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), er "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS
TUBERCULOSIS AND MALARIA

Employer identification number

30-0220874

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <b>4</b> ,952,799.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization
FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS
TUBERCULOSIS AND MALARIA

Employer identification number
30-0220874

Part II	Noncasn Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
J		l <b>¢</b>	I

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) **Employer identification number** Name of organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA 30-0220874 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

• Section 501(c)(4), (5), or (6) organization				
	OF THE GLOBAL F		r AIDS   Em	ployer identification number
TUBERCU	LOSIS AND MALARIA	A		30-0220874
Part I-A   Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	tures ign activities		<b>&gt;</b>	\$
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	<b>&gt;</b>	\$
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	·	\$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV.				
	ganization is exempt unde		-	
1 Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt funct	tion activities	\$
2 Enter the amount of the filing organ		J		
exempt function activities				\$
3 Total exempt function expenditures			,	
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses and en				
made payments. For each organiza contributions received that were pro-				•
political action committee (PAC). If	• •		· ·	ate segregated fund of a
. , ,			1	(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
				·

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS 30-0220874 Page 2 Schedule C (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 21,380. **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) 176,849.**b** Total lobbying expenditures to influence a legislative body (direct lobbying) 198, 229. c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 2,265,852. 464,081. e Total exempt purpose expenditures (add lines 1c and 1d) 273,204. Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 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. 68,301. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 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 separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (d) 2020 (a) 2017 (b) 2018 (c) 2019 (e) Total (or fiscal year beginning in) 258,195. 276,392. 273,204. 807,791. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) 1,211,687. 67,447. 170,734. 198,229. 436,410. c Total lobbying expenditures 64,549. 69,098. 68,301. 201,948.

21,380. 21,380. Schedule C (Form 990 or 990-EZ) 2020

302,922.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lo	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		)		(b)
	obbying activity.	Yes	No	Am	ount
D	Ouring the year, did the filing organization attempt to influence foreign, national, state, or				
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter				
O	r referendum, through the use of:				
a V	olunteers?				
<b>b</b> P	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	fledia advertisements?				
	failings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities?				
	otal. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	) or s	ection	
	501(c)(6).	1 30 1(0)(3	,, OI 3	ection	
					_
				Yes	N
	Vere substantially all (90% or more) dues received nondeductible by members?		1		N
W	Vere substantially all (90% or more) dues received nondeductible by members?  Jid the organization make only in-house lobbying expenditures of \$2,000 or less?				N
W : D	bid the organization make only in-house lobbying expenditures of \$2,000 or less?  bid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5	), or s	ection	e 3, is
W D D art I	oid the organization make only in-house lobbying expenditures of \$2,000 or less?  oid the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? 1 501(c)(5 No" OR (	3), or s (b) Par	ection t III-A, line	
W D D	bid the organization make only in-house lobbying expenditures of \$2,000 or less?  bid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5 No" OR (	3), or s (b) Par	ection t III-A, line	
W D D D D T	old the organization make only in-house lobbying expenditures of \$2,000 or less?  Old the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments and similar amounts from members	e prior year? 1 501(c)(5 No" OR (	3), or s (b) Par	ection t III-A, line	
W D D D S e	oid the organization make only in-house lobbying expenditures of \$2,000 or less?  oid the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	prior year? 1 501(c)(5 No" OR (	2 3), or s (b) Par	ection t III-A, line	
W D D S S e.a C	old the organization make only in-house lobbying expenditures of \$2,000 or less?  Old the organization agree to carry over lobbying and political campaign activity expenditures from the lili-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	prior year? 1 501(c)(5 No" OR (	2), or s (b) Par	ection t III-A, line	
W D D S e a C b C T T	oid the organization make only in-house lobbying expenditures of \$2,000 or less?  oid the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  ourrent year carryover from last year	e prior year? 1 501(c)(5 No" OR (	2), or s (b) Par 22 21 22	ection t III-A, line	
D S e.a C to b C To	oid the organization make only in-house lobbying expenditures of \$2,000 or less?  oid the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  ourrent year carryover from last year	e prior year? 1 501(c)(5 No" OR (	2), or s (b) Par 22 21 22	ection t III-A, line	
D S e:	old the organization make only in-house lobbying expenditures of \$2,000 or less?  Old the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Ourrent year sarryover from last year solid loading and political expenditures of nondeductible section 162(e) dues arrotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception of the exception is a section of the exception of the exception of the exception is a section of the exception of th	prior year? 1 501(c)(5 No" OR (	2), or s (b) Par 22 21 22	ection t III-A, line	
D S e.a C C T A If	oid the organization make only in-house lobbying expenditures of \$2,000 or less?  oid the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Ourrent year Carryover from last year  Outside the organization make only in-house lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Outside the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Outside the organization agree to carry over lobbying and political campaign activity expenditures from the carryon tax answered "answered" answered "answered" answered "answered" answered "answered" answered "Yes."	prior year? 1 501(c)(5 No" OR (	2), or s (b) Par 22 21 22	ection t III-A, line	
D D S e. a C C T A A Iff do e.	old the organization make only in-house lobbying expenditures of \$2,000 or less?  Old the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Ourrent year sarryover from last year solid loading and political expenditures of nondeductible section 162(e) dues arrotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception of the exception is a section of the exception of the exception of the exception is a section of the exception of th	prior year? 1 501(c)(5 No" OR (	2), or s (b) Par 2: 2: 2: 3	ection t III-A, line	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

**Employer identification number** 30-0220874

	organization answered "Yes" on Form 990, Part IV, line		(b) Funds and other accounts
	Tabel accepts as at and of coor	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
6	are the organization's property, subject to the organization's e Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or	· ·	•
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organizatio		Tarry, me r.
•	Preservation of land for public use (for example, recreat	`	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation o	a contined motorio structure
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b			1 - 1
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
_	listed in the National Register	*	
3	Number of conservation easements modified, transferred, rele		
_	year >	acca, changaichea, chach ann aice a' fair	o organization daring the tax
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	•
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		-
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	Simila	r Assets	(conti	nued)	age
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	gnificant	use of its	·	ŕ	
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	, [	Other							
С											
4											
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	'Yes" on	Form 99	0, Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other ass	sets not ir	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance							L			
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liabilit	ty?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i		swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.		ı		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (	(d) Three	years back	<b>(e)</b> Fou	r years	back
1a	0 0 ,										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administer	ed for the	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulat reciation		(d) Boo	k valu	e
1a	Land										
b											
С	Leasehold improvements			1	4,542.		13,5	72.		9	70.
d					5,648.		17,7	63.		7,8	85.
е	Other			11	0,101.		81,5	41.	2	8,5	60.
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colum	nn (B). line 1	0c.)			<b>•</b>	3	7,4	15.
								Schedule	D (Forn	n 990)	2020

Schedule D	(Farm 000)	2020
Scriedule D	(FUIIII 99U)	1 2020

Part VII Investments - Other Securities.	on Form 900 Part IV line	11h Soo Form 000 Part V line 12	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1) Financial derivatives	(2) = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(0)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		: 11d. See Form 990, Part X, line 15.	(b) Deelesseles
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	orri orri 550, r art iv, iiric	7 110 01 111. 000 1 0111 330, 1 art X, iiiie 23.	(b) Book value
(1) Federal income taxes			(2) 20011 14.14.0
(2) DEFERRED RENT			162,648.
(3) LESSEE SECURITY DEPOSIT			4,000.
(4)			4,000.
(5)			
(5) (6)			
( <del>0</del> ) ( <del>7</del> )			
( <i>t</i> ) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		166,648.
<u> (Column to) must Equal Form 330, Fait A, Col. (D) III e</u>	<u>~~./</u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2020

TUBERCULOSIS AND MALARIA

<sup>2</sup> aı	Reconciliation of Revenue per Audited Financial Stat	ements with Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	5,652,086.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,652,086.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)	5	5,652,086.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	2,578,013.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,578,013.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)	5	2,578,013.
⊃ລ	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

FRIENDS OF THE GLOBAL FIGHT IS EXEMPT FROM FEDERAL INCOME TAX AS A NONPROFIT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. FRIENDS DID NOT HAVE A LIABILITY FOR UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019. THE MATERIAL JURISDICTIONS SUBJECT TO POTENTIAL EXAMINATION BY TAXING AUTHORITIES INCLUDE THE U.S. AND THE DISTRICT OF COLUMBIA. MANAGEMENT DOES NOT BELIEVE THAT THE ULTIMATE OUTCOME OF ANY FUTURE EXAMINATIONS OF OPEN TAX YEARS WILL HAVE A MATERIAL IMPACT ON FRIEND'S RESULTS OF **OPERATIONS.** TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE IRS ARE 2017 THROUGH 2020.

Schedule D (Form 990) 2020

### FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS

Schedule D (Form 990) 2020 TUBERCULOSIS AND MALARIA	30-0220874 Page 5
Schedule D (Form 990) 2020 TUBERCULOSIS AND MALARIA  Part XIII Supplemental Information (continued)	
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### SCHEDULE J (Form 990)

Department of the Treasury

Part I

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

**Questions Regarding Compensation** 

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

Employer identification number 30-0220874

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

# 30-0220874 FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS

TUBERCULOSIS AND MALARIA

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	In column (B) reported as deferred on prior Form 990
(1) CHRIS COLLINS	Ξ	309,841.	68,566.	774.	11,400.	22,254.	412,835.	0
PRESIDENT	≘	0.	0	• 0		• 0	• 0	0
(2) LINDA PARKER	Ξ	198,99	21,657.	1,067.	8,137.	19,496.	249,350.	0
CHIEF OPERATIONS & COMPLIA	( <u>ii</u> )			• 0				0
(3) MARK LAGON	(i)	177,572.	19,819.	323.	7,268.	22,774.	227,756.	0
CHIEF POLICY OFFICER	(ii)		• 0	• 0	• 0	• 0	0	0
	(i)							
	(ii)							
	(i)							
	∷≘							
	(i)							
	≘							
	Ξ							
	∷≘							
	(i)							
	( <u>ii</u> )							
	( <u>i</u> )							
	( <u>ii</u> )							
	(i)							
	$\equiv$							
	( <u>i</u> )							
	(II)							
	Ξ							
	( <u>ii</u> )							
	(i)							
	$\equiv$							
	Ξ							
	⊞							
	Ξ							
	⊞							
	Ξ							
	(ii)							
							PodoS	Cobodiilo 1 (Eogm 000) 2020

Schedule J (Form 990) 2020

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

30-0220874

TUBERCULOSIS AND MALARIA Part III Supplemental Information Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

**Employer identification number** 30-0220874

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD, SECRETARY OF THE BOARD, TREASURER OF THE BOARD AND THE PRESIDENT. THIS EXECUTIVE COMMITTEE HAS AUTHORITY OVER DAY-TO-DAY ISSUES.

FORM 990 PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY FRIENDS' PUBLIC ACCOUNTING FIRM. THE RETURN IS IN ITS ENTIRETY BY THE BOARD CHAIRMAN, BOARD TREASURER AND LEGAL COUNSEL BEFORE IT IS SUBMITTED TO THE IRS. PROVIDED TO OTHER BOARD MEMBERS UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT TO ATTEST THERE IS NOT ONE, OR DISCLOSE A IF A POTENTIAL CONFLICT OF INTEREST EXISTS, FRIENDS WILL POTENTIAL ONE. CONSULT WITH THEIR ATTORNEY. IF A CONFLICT OF INTEREST IS DEEMED TO EXIST THE INDIVIDUAL IS EXCLUDED FROM DECISIONS AND/OR VOTES THAT RELATE TO IT. THE CONFLICT OF INTEREST STATEMENTS ARE MONITORED BY THE PRESIDENT AND CHIEF OPERATIONS OFFICER OF FRIENDS.

FORM 990, PART VI, SECTION B, LINE 15A:

FRIENDS HAS A COMPENSATION COMMITTEE THAT REVIEWS THE TOP EXECUTIVE'S COMPENSATION ON AN ANNUAL BASIS. THE COMMITTEE CONSISTS OF THE BOARD CHAIR, SECRETARY AND TREASURER. SIMILAR ORGANIZATIONS' 990 RETURNS ARE USED TO DETERMINE COMPENSATION. THE COMPENSATION COMMITTEE PRESENTS A

RECOMMENDATION TO THE REST OF THE BOARD. THE RESULTING DISCUSION AND

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA	Employer identification numbe
DECISION IS DOCUMENTED. THE LAST REVIEW PROCESS WAS HELD	IN 2020 (FOR 2021
COMPENSATION).	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
DC,AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,	MS, MO, NV, NH, NJ, NM
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS ON OUR WEBSITE. FORM 1023 IS AVAILABLE UP	PON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEME	ENTS, AND CONFLICT
OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUE	EST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	386,785.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	386,785.
PROFESSIONAL FEES - OTHER:	
PROGRAM SERVICE EXPENSES	4,624.
MANAGEMENT AND GENERAL EXPENSES	1,112.
FUNDRAISING EXPENSES	275.
TOTAL EXPENSES	6,011.
PAYROLL SERVICE:	
100040 44 00 00	chadula O (Form 990 or 990 E7) 20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA	Employer identification number $30-0220874$
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,582.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,582.
DESIGN SERVICES:	
PROGRAM SERVICE EXPENSES	5,197.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,197.
WEBSITE:	
PROGRAM SERVICE EXPENSES	5,213.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,213.
TEMPORARY SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,046.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,046.
MARKETING AND PROMOTION:	
PROGRAM SERVICE EXPENSES	11,475.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,475.
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

<u>Schedule O (Form 990 or 990-EZ) 2020</u>				
Name of the organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA	Employer identification number 30-0220874			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	427,309.			
	_			

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
		For cal	endar year 2020 or other tax year beginning, and ending		2020
	tment of the Treasury al Revenue Service	▶	► Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b>	Check box if address changed.		Name of organization (	DEmpl	oyer identification number
<b>B</b> E:	xempt under section	Print	TUBERCULOSIS AND MALARIA		0-0220874
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  1634 EYE STREET, NW, NO. 1100	EGroup (see i	p exemption number nstructions)
	408A 530(a) 529(a) 529S	] F [	Check box if		
•		СВо	WASHINGTON, DC 20006  ok value of all assets at end of year ▶ 5,816,996.	1	an amended return.
G	Check organization			pplical	ble reinsurance entity
	Check if filing only to	<del></del>	Claim credit from Form 8941 Claim a refund shown on Form 2439		<u> </u>
1 (	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b></b>
			ed Schedules A (Form 990-T)		1
K	During the tax year,	was the		▶ □	Yes X No
	If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
			LINDA PARKER Telephone number ▶ 2	02-	912-3828
Pa	rt I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	-17,495.
2	Reserved			2	1 = 11 =
3	Add lines 1 and 2			3	-17,495.
4			see instructions for limitation rules)	4	0.
5	Total unrelated bu	ısiness	taxable income before net operating losses. Subtract line 4 from line 3	5	-17,495.
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	j	7	-17,495.
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_
_	enter zero			11	0.
Ра	rt II Tax Com				
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6			cility income. See instructions	6	0
7			n 6 to line 1 or 2, whichever applies	7	0.
LHA	⊢or Paperwork F	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2020)

023701 02-02-21

Form 990-T (2020) Page 2

Part	III	Tax and Payments							_
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Form 111	6)	1a				_
b	Other	credits (see instructions)			1b				
С	Gene	ral business credit. Attach Form 3800 (se							
d		t for prior year minimum tax (attach Form							
е	Total	credits. Add lines 1a through 1d					1e		
2		1 P 1 P 1 P 7					2	0	<u> </u>
3	Other	taxes. Check if from: Form 42	255 Form 8611	Form 8	3697	Form 8866			
		Other (a	ttach statement)				. 3		_
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if include	les tax previ	ously def	erred under			
	section	n 1294. Enter tax amount here			▶		4	0	
5		net 965 tax liability paid from Form 965-A			1		. 5	0	<u>•</u>
6a		ents: A 2019 overpayment credited to 20			6a				
b	2020	estimated tax payments. Check if section	643(g) election applies	▶ ∟	<b>∫</b> 6b				
С					6c				
d		gn organizations: Tax paid or withheld at							
е		up withholding (see instructions)							
f		t for small employer health insurance prei			6f				
g		credits, adjustments, and payments:							
			Other						
7		payments. Add lines 6a through 6g					_  <del>  7   </del>		_
8		ated tax penalty (see instructions). Check				▶ └			_
9		ue. If line 7 is smaller than the total of line					9		_
10		payment. If line 7 is larger than the total of			aid		10		_
11 Part		the amount of line 10 you want: Credite Statements Regarding Certain			on (soo	Refunded •	<u> </u>		_
1		time during the 2020 calendar year, did					7/	Yes No	_
•		a financial account (bank, securities, or ot	•		•		•	163 140	
		N Form 114, Report of Foreign Bank and	, ,	-	•	•			
	here		Timariolar / toodarito. II To	5, 611161 1116	name or	and foreign obtaining	,	Х	_
2		g the tax year, did the organization receiv	e a distribution from, or wa	s it the gran	tor of. or	transferor to, a			
_		n trust?		-				Х	_
		s," see instructions for other forms the or							
3		the amount of tax-exempt interest receive	•			<b>&gt;</b> \$			
4a		e organization change its method of acc						X	_
b	If 4a i	s "Yes," has the organization described t	he change on Form 990, 99						
		n in Part V							_
Part	<b>V</b>	Supplemental Information							_
Provide	the ex	xplanation required by Part IV, line 4b. Als	so, provide any other additi	onal informa	tion. See	instructions.			
									_
									_
Sign		nder penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					vledge and beli	ef, it is true,	
Here			1 .				May the IRS d	iscuss this return with	7
ileie		Cianature of officer	Doto	PRESID:	ENT			hown below (see	ı
		Signature of officer		itie			instructions)?	X Yes No	Ш
		Print/Type preparer's name	Preparer's signature	D	ate	Check	if PTIN		
Paid					0.405	self- employe		0045056	
Prepa	arer		AMY FOX		0/26/	<del></del>		0847276	_
Use (	Only	Firm's name CLIFTONLARSO		TTME 00	١٥	Firm's EIN	<b>▶</b> 41	-0746749	_
		901 NORTH Firm's address ► ARLINGTON,	GLEBE ROAD, SU	T.T.R. 7(	0	Di	/ E 71 \	227-9500	

Form **990-T** (2020)

#### **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

ENTITY

OMB No. 1545-0047

1

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

FRIENDS OF THE GLOBAL FIGHT AGAINST AID B Employer identification number Name of the organization TUBERCULOSIS AND MALARIA 30-0220874 900099 1 C Unrelated business activity code (see instructions) **D** Sequence:

<u>E [</u>	Describe the unrelated trade or business ►ADMIN SUPPOR	T F	EES		
Pai			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3_			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 1	12	76,291.		76,291.
13	Total. Combine lines 3 through 12	13	76,291.		76,291.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	66,667.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	11,443.
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)	SE	E S	STATEMENT 2	14	15,676.
15	Total deductions. Add lines 1 through 14				15	93,786.
16	Unrelated business income before net operating loss deduction. Subtract line	15 from	Part	I, line 13,		
	column (C)				16	-17,495.
17	Deduction for net operating loss (see instructions)				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	-17,495.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

ENTTTY Schedule A (Form 990-T) 2020 Part III Cost of Goods Sold Enter method of inventory valuation 2 2 3 3 Additional section 263A costs (attach statement) 4 4 5 Other costs (attach statement) 6 **Total.** Add lines 1 through 5 6 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 No Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) В С D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) Α В С D D Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) b Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement)

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) **Total dividends-received deductions** included in line 10

7

8

9

10

Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 ...

Allocable deductions. Multiply line 3c by line 6

Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

	ule A (Form 990-T) 2020	=										Page 3
Part	VI Interest, Annu	ities, R	oyalties, and Re	ents fror	m Contro				instruct			
			Exempt Controlled Organization									
	1. Name of controlled	t	2. Employer		unrelated	1	al of specified		t of colur			uctions directly
	organization		identification	1	ne (loss)	payn	nents made		ncluded Iling orga			nnected with
			number	(see ins	structions)				gross inc		incon	ne in column 5
(1)												
(2)												
(3)												
(4)												
			No		Controlled O	-	ons					
7	. Taxable Income		Net unrelated		otal of speci		10. Part			11.		tions directly
			ncome (loss)	pa	yments mac	le	that is inc					cted with
		(see	e instructions)					income		ind	come ir	n column 10
<u>(1)</u>												
(2)												
(3)				1								
(4)												
							Add colum					nns 6 and 11.
							Enter here	and on i column (	,			and on Part I, column (B)
								o a a a a a a a a a a a a a a a a a a a		·		. ,
Totals	\/II				(0) (4.7)	<u></u>	<u> </u>		0.			0.
Part			of a Section 50	1(c)(/), (	T		1	ee instru				
	<b>1.</b> Desc	ription of	income		2. Amou incor		3. Deduction directly conn		<ol> <li>Setattach st</li> </ol>			otal deductions nd set-asides
					111001	110	(attach state		attacii St	atemei	,	dd cols 3 and 4)
(4)												
(1)												
(2)												
(3)												
(4)					Add amo	unts in					A	dd amounts in
					column 2	. Enter						olumn 5. Enter
					here and o							re and on Part I,
Tatala					line 9, colu	umn (A)					l IIIn	e 9, column (B) <b>0 .</b>
Totals Part	VIII   Evaluited E	vomnt /	Activity Income,	Other 1	Than Adv		Income	/ i				0.
1	Description of exploite			, Other i	IIIaii Auvi	ei tionių	g income	(see inst	ructions)	П		
2	Gross unrelated busine	•		noss Ento	r hara and a	n Dort I	line 10. solum	n (A)		2		
3	Expenses directly con						•			-		
3			•					,		ا ہ ا		
4	line 10, column (B)  Net income (loss) from									3		
4	, ,						• .			4		
_	lines 5 through 7	ivity that	is not unrelated bus	inoso inos						5		
5 6	Gross income from act									6		
7	Expenses attributable Excess exempt expens									-		
′	4. Enter here and on P			, but do N	or enrei mol	c u an u	ie amount off f	ıı I <del>C</del>		7		
	T. LINGI HOLD AND ON F	aıı II, III IC	14									

Schedule A (Form 990-T) 2020

ENTITY Schedule A (Form 990-T) 2020 Part IX Advertising Income Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. Α В С D Enter amounts for each periodical listed above in the corresponding column. В С Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A) а 3 Direct advertising costs by periodical Add columns A through D. Enter here and on Part I, line 11, column (B) Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... 5 Readership costs 6 Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less

art :	Compensation of Officers, Directors,	and Trustees (Sr	ee instructions)		
	Part II, line 13			<b>&gt;</b>	0.
а	Add line 8, columns A through D. Enter the greater of t	he line 8a, columns tot	al or zero here and on		
	line 4, enter the lesser of line 4 or line 7				
	deduction. For each column showing a gain on				ı
8	Excess readership costs allowed as a				

Part X	Compensation of Officers, Di	rectors, and Trustees (see instructions)		
	-		3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title	of time devoted	attributable to
			to business	unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	

<u> </u>	•		

Schedule A (Form 990-T) 2020

than line 6, enter zero

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER :	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
ADMIN SUPPORT FEES			76,291.
TOTAL TO SCHEDULE A, PART I	, LINE 12		76,291.
FORM 990-T (A)	OTHER I	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
TEMPORARY SERVICES			9,624.
ADMINISTRATIVE OVERHEAD ALI	OCATION		6,052.

STATE COPY

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA 1634 EYE STREET, NW, NO. 1100 WASHINGTON, DC 20006

OFFICE OF TAX AND REVENUE PO BOX 96166 WASHINGTON, DC 20090-6166

## 2020 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

		ENTER DOLLAR	AMOUNTS ONLY	
1	Total estimated corporation franchise tax liability for the tax period.	1	250	.00
2	Estimated franchise tax payments (include any tax overpayment credit).	2		.00
3	Other payments.	3		.00
4	Total payments and credits (add Lines 2 and 3).	4		.00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5	250	.00

Detach at perforation and mail the voucher, with payment attached, to the:

Office of Tax and Revenue PO Box 96019 Washington DC 20090-6019

043351 01-04-21

Government of the District of Columbia

2020 FR-120 SUB Extension of Time

to File a DC Corporation Franchise Tax Return 250 .**00** 

Amount of payment (dollars only)

Taxpayer Identification Number 300220874

Tax period ending (MMDDYYYY)

12312020

Business Name or Designated Agent name

FRIENDS OF THE GLOBAL FIGHT AGAINST

Business mailing address (number, street, suite/apartment number if applicable)

1634 EYE STREET, NW

WASHINGTON

State DC

ZIP Code + 4 20006

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1019

if Combined Report

if Living or Traveling Outside the U.S.

, is requested.

A 6 or 7 month extension of time to file until  $\begin{tabular}{c} NOV \end{tabular}$ 

15, 2021, for calendar year 2020, or until

or fiscal year ending

Mark

Mark

## Instructions

# **D-20P SUB Payment Voucher for Corporation Franchise Tax**

Use the D-20P Payment Voucher to make any payment due on your **D-20** return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number (TIN).
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order payable (US dollars) to DC Treasurer.
- Write your TIN, tax period and type of return (D-20) on the payment.
- Staple your check or money order to the D-20P voucher only. Do not attach your payment to the D-20 return.
- Mail the D-20P with, but not attached to, your D-20 tax return to:

Office of Tax and Revenue PO Box 96166 Washington DC 20090-6166

#### Notes:

- If your payment exceeds \$5,000 in any period, you must pay electronically. Visit MyTax.DC.gov.
- For electronic filers, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by money order (U.S. dollars) or credit card. Please notify this agency if your response changes in the future. Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

043331 01-04-21

Detach at perforation before mailing

Government of the District of Columbia

D-20P SUB Payment Voucher for Corporation Franchise Tax

Amount of Payment (dollars)

250 .**00** 

Taxpayer Identification Number 300220874

To avoid penalties and interest, your payment must be postmarked no later than the due date of your return.

Business or Designated Agent Name

FRIENDS OF THE GLOBAL FIGHT AGAINST

Business mailing address (number, street and suite/apartment number if applicable)

1634 EYE STREET, NW

Business mailing address (number, street and suite/apartment number if applicable)

State

ZIP code + 4 20006

SOFTWARE DEVELOPER USE ONLY

**VENDOR ID#** 1019

12312020

Tax period ending (MMDDYYYY)

DC

WASHINGTON

Government of the District of Columbia

2020

# D-20 SUB Corporation Franchise Tax Return

Number of business locations 1 In DC: Outside DC:

0

Tax period ending (MMDDYYYY)

12312020

ZIP code+4

Mark if:

SOFTWARE DEVELOPER USE ONLY

1019 VENDOR ID #

QHTC located in DC Ballpark TIF area Mark if: AMENDED RETURN Mark if:

FINAL RETURN Mark if: Mark if: CERTIFIED QHTC

COMBINED REPORT\*

\*You must fill in the Designated Agent info below

WORLDWIDE\*\* Mark if:

\*\*Worldwide form must be filed with this return

FRIENDS OF THE GLOBAL FIGHT AGAINST

300220874

Name of corporation

Taxpayer Identification Number (TIN)

Business mailing address #1 1634 EYE STREET, NW

Business mailing address #2

City WASHINGTON

20006 DC

Designated Agent TIN Designated Agent Name

State

•	• R	EAD INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see in	nstructions.)		Enter dollar amounts only. If a if minus, enter amount and fil		, leave line blank,
	1	Gross receipts, minus returns and allowances			1	0	.00
ш	2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)			2		.00
Ž	3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus		3		.00
GROSS INCOM	4	Dividends from Form D-20, Schedule B			4		.00
S	5	Interest (attach statement)			5		.00
SO	6	Gross rental income from D-20, Schedule I, Column 3, Line 6			6		.00
GB	7	Gross royalties (attach statement)			7		.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus		8(a)		.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus		8(b)		.00
	9	Capital gains deferred on federal return due to investment in a federal			9		.00
		Qualified Opportunity Fund					
	10	Other income (loss) (attach statement)	Mark if minus		10		.00
	11	Total gross income. Add Lines 3 - 10	Mark if minus		11		.00
	12	Compensation of officers from Form D-20, Schedule C			12		.00
	13	Salaries and wages			13		.00
	14	Repairs			14		.00
SS	15	Bad debts			15		.00
UCTIONS	16	Rent			16		.00
2	17	Taxes From Form D-20, Schedule D			17		.00
		(a) Interest payments	.00				
		(b) Minus nondeductible payments to related entities	.00	=	18c		.00
	19	Contributions and/or gifts (attach statement)			19		.00
	20	Amortization (attach a copy of your federal Form 4562)			20		.00
	21	Depreciation (attach a copy of your federal Form 4562)			21		.00
		Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)					
	22	Depletion (attach statement)			22		.00
	23	(a) Enter royalty payments made	.00				
		(b) Minus nondeductible payments to related entities	.00	=	23c		.00

D-20 FORM, PAGE 2

Taxpayer Name: FRIENDS OF THE GLOBAL FI



Taxpayer Identification Number (TIN) 300220874

200203S21019

	·			
•				Enter dollar amounts only
24	Pension, profit-sharing plans		24	.00
24 25 26	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund		25	.00
26	Other deductions (attach statement)		26	.00
27	Total deductions. Add Lines 12-26		27	.00
28	Net income Line 11 minus Line 27	Mark if minus	28	0.00
29	(a) Non-business income/state adjustment (attach statement)	Mark if minus	29a	.00
	(b) Expense related to non-business income (attach statement)		29b	.00
	(c) 29(a) minus 29(b)	Mark if minus	29c	.00
30	Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus	30	0.00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5		31	1.000000
	if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9			
32	Net income from trade or business apportioned to DC	Mark if minus	32	0.00
	Line 30 amount multiplied by Line 31 factor			
33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	0.00
4	Total taxable income <i>before</i> apportioned NOL deduction	Mark if minus	34	.00
	Line 32 plus or minus Line 33			
34 35 36 37	Apportioned NOL deduction (Losses occurring in year 2000 and later) *		35	.00
	*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)			
6	Total DC taxable income. Line 34 minus Line 35	Mark if minus	36	.00
7	Tax 8.25% of Line 36		37	0.00
8	Minus nonrefundable credits from Schedule UB, Line 9		38	.00
9	Total DC gross receipts from Line '4' MTLGR Worksheet STATEMENT	1		.00
0	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts		40	250 <b>.00</b>
	are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M			
1	Payments and refundable credits:			
	(a) Tax paid, if any, with request for an extension of time to file		41a	.00
	(b) Tax paid, if any, with original return if this is an amended return		41b	.00
	(c) 2020 estimated franchise tax payments		41c	.00
1 2 3 4 5	(d) Refundable credits from Schedule UB, Line 12		41d	.00
2	If this is an amended 2020 return, enter refund requested with original return.		42	.00
3	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line	42.	43	.00
4	Estimated tax interest (Mark if D-2220 attached)		44	.00
5	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter	amount due.	45	250 <b>.00</b>
	Will this payment come from an account outside of the U.S.? Yes X No See in			
6	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amour		46	.00
7	Amount you want to apply to your 2021 estimated franchise tax	•	47	.00
+/			48	.00

PLEASE SIGN HERE Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Date

2027890801

Officer's signature Date Telephone number of person to contact RLINGTON, VA 222 PAID 2 PREPARER ONLY 10/26/21 CLIFTONLARSONALL ARLINGTON, AMY FOX

Preparer's signature (if other than taxpayer) Preparer's PTIN P00847276

Firm name

Firm address

If you want to allow the preparer to discuss this return with the Office

of Tax and Revenue, mark here.

Х

Email Address

AMY.FOX@CLACONNECT.COM

Rev. 11/2020 043411 01-27-21

200203531019

Taxpayer Name: FRIENDS OF THE GLOBAL F

Taxpayer Identification Number (TIN) 300220874

Schedule A - Cost of Goods Sold (See specific instruction	ons for	Line 2.)		Schedu	ile B - Dividends (S	See specific instruct	tions for Line 4.)	
1. Inventory at beginning of year				N <i>P</i>	AME AND ADDRESS	S OF DECLARING C	ORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale								
3. Salaries and wages	·							
<ol> <li>Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)</li> </ol>								
5. Total								
6. Minus: Inventory at end of tax year								
, , , , , , , , , , , , , , , , , , , ,								
7. Cost of goods sold (Enter here and on D-20, Line 2.)								
Method of inventory valuation:								
					Dividends			
	Minus deduction for Subpart F Income.							
					deduction for divid -owned subsidiary	ends received from		
					(Enter here and on	. D-20   line 4 )		
Schedule C - Compensation of officers (See specific in	otruct:	no for Li	no 10 If		`		nooded /	
Schedule C - Compensation of officers (See specific III	Structio	IIS IOI LII			Percent of (			
Col. 1		l. 2		l. 3 of Time	Stock		Col. 6 Amount	Col. 7 Expense
Name and Address of Officer	Offici	al Title	Devo	ted to	Col. 4 Common	Col. 5 Preferred	of Compensation	Account Allowances
			Busi	iness	Common	Preierreu	Compensation	Allowalices
				%	%	%		
				/0	70	70		
				%	%	%		
				%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and or	n D-20	l ine 12 )					l	
Schedule D - Taxes (See specific instructions for Line		21110 121)						
	17.)					5)/DI 41/47/01/		
EXPLANATION		AM	OUNT			EXPLANATION		AMOUNT
				-	TOTAL (Enter here a	and on D-20, Line 1	7.)	
Schedule E - Reconciliation of the net income reported	d on Fe	deral and	I DC retu		(2.11.6)		,	
Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).				7. T	otal DC taxable income	e reported (from D-20, L	ine 36).	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOM	E			_				
Income taxes (see specific instructions for line 17).								
<ol> <li>DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.</li> </ol>				NON	N-TAXABLE INCOM	E AND ADDITIONAL	_ DEDUCTIONS	
Revenue Act of 1947, as amended.				8. N	let income apportioned	or allocated to outside	DC.	
<ol><li>Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.</li></ol>				9 (	Other non-taxable incom	ne and additional deduc	ctions	
Other unallowable deductions and additional income (itemize,				- 1	ncluding NOL (itemize):		· · · · · · · ·	
include additional federal depreciation and additional					(a)			
IRC § 179 expenses).								
(a)				(	(b)			
(b)	-							
6. TOTAL of Lines 1-5.				10.	TOTAL of Lines 7, 8 and	d 9.		

Taxpayer Name: FRIENDS OF THE GLOBAL FI Taxpayer Identification Number (TIN) 300220874



#### Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

SALES FACTOR: All gross receipts of the business other than gross receipts	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
from non-business income.	.00	.(	00
For Financial Institutions:			
2. SALES FACTOR: All gross income of the financial institution other than			_
gross income from non-business income.	.00	.(	00
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial			
institution.	.00	.(	00
4. <b>SUM OF FACTORS</b> : (For Financial Institutions add Lines 2 and 3 of Column 3)			

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31.

Schedule G- Balance Sheets	Beginning of Taxa	ible Year	End of 1	Taxable Year
	(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc				
6. Loans to stockholders				_
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				_
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
15. Accounts payable			-	
16. Mortgages, notes, bonds payable in less than 1 year			-	_
17. Other current liabilities (attach statement)			-	_
18. Loans from stockholders 19. Mortgages, notes, bonds payable in 1 year or more			-	
20. Other liabilities (attach statement)			-	
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
75 MINUS: Cost of transury stock				
26. TOTAL LIABILITIES AND CAPITAL				

D-20 FORM, PAGE 5

Taxpayer Name: FRIENDS OF THE GLOBAL FI

Taxpayer Identification Number (TIN) 300220874



not deducted on this return (itemize).  (a) Depreciation (b) Depletion  9. TOTAL of Lines 7 and 8 10. Taxiable Income (rederal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)  Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books  1. Balance at beginning of year 2. Net income per books 3. Other increases (itemize)  7. TOTAL of Lines 1, 2 and 3  Schedule I - Income from Rent  Col. 1 Address of Property  Col. 2 Kind of Property  Col. 2 Kind of Property  Col. 3 Gross Amount of Rent  Col. 3 Gross Amount of Rent  Col. 4 Depreciation (b) Depletion  9. TOTAL of Lines 7 and 8 10. Taxiable Income (rederal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)  Schedule I - Income from Rent  Col. 1 Address of Property  Col. 2 Kind of Property  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* (Explain in Sch. I-1)  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* (Explain in Sch. I-1)  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* (Explain in Sch. I-1)  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* (Explain in Sch. I-1)	
5. Expenses recorded on books this year and not deducted on this return (itemize).  (a) Depreciation (b) Depletion  9. TOTAL of Lines 7 and 8 10. Taxable Income (rederal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)  Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books  1. Balance at beginning of year 2. Net income per books 3. Other increases (itemize)  4. TOTAL of Lines 1, 2 and 3  Schedule I - Income from Rent  Col. 1 Address of Property  Col. 2 Kind of Property 1. Col. 3 Gross Amount of Rent  Col. 1 Address of Property 1. Col. 3 Gross Amount of Rent  Col. 3 Gross Amount of Rent  Col. 4 Depreciation (Explain in Sch. I-1)  Col. 5 Repairs (Explain in Sch. I-1)  And Col. 3 Gross Amount of Rent  Col. 4 Depreciation (Per Federal Form 4562)	
Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books  1. Balance at beginning of year 2. Net income per books 3. Other increases (itemize)  Total of Lines 1, 2 and 3  Schedule I - Income from Rent  Col. 1 Address of Property  Col. 2 Kind of Property  Col. 2 Kind of Property  1. Col. 3 Gross Amount of Rent  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* (Explain in Sch. I-1)  Col. 5 Repairs (Explain in Sch. I-1)  Col. 6	
1. Balance at beginning of year 2. Net income per books 3. Other increases (itemize)  7. TOTAL of Lines 5 and 6 8. Balance at end of year (Line 4 minus Line 7)  Schedule I - Income from Rent  Col. 1 Address of Property  Col. 2 Kind of Property  Col. 2 Kind of Property  1.  2.  3.  4.  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* or Amortization (per Federal Form 4562)  Col. 5 Repairs (Explain in Sch. I-1)  Col. 6	
2. Net income per books 3. Other increases (itemize)  6. Other decreases (itemize).  7. TOTAL of Lines 5 and 6 8. Balance at end of year (Line 4 minus Line 7)  Schedule I - Income from Rent  Col. 1 Address of Property  Col. 2 Kind of Property  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* or Amortization (per Federal Form 4562)  Col. 5 Repairs (Explain in Sch. I-1)  1. Col. 3 Gross Amount of Rent  Col. 4 Depreciation* or Amortization (per Federal Form 4562)  Col. 5 Repairs (Explain in Sch. I-1)  And Col. 3 Gross Amount of Rent  Col. 4 Depreciation* or Amortization (per Federal Form 4562)	
4. TOTAL of Lines 1, 2 and 3	
Col. 1 Address of Property  Col. 2 Kind of Property  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* or Amortization (per Federal Form 4562)  Col. 5 Repairs (Explain in Sch. I-1)  Col. 3 Gross Amount of Rent  Col. 4 Depreciation* or Amortization (per Federal Form 4562)  Col. 5 Repairs (Explain in Sch. I-1)  Address of Property  Col. 5 Repairs (Explain in Sch. I-1)  Address of Property	
Property Amount of Rent or Amortization (per Federal Form 4562) (Explain in Sch. I-1) and (Expla	
3. 4.	Taxes, Interest Taxes, Interest Tain in Sch. I-1
5.	
6. TOTAL (Enter the total of Col. 3 on D-20, Line 6.  Enter total of Col 4, 5, and 6 on appropriate deduction lines.)  *excludes federal depreciation and additional IRC §179 expenses.	
Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.	
Column No. Explanation Amount No. Explanation	Amount

Taxpayer Name: FRIENDS OF THE GLOBAL FI

Taxpayer Identification Number (TIN) 300220874



Disregarded Entity Name						TI	N	
			$\neg$					
lanaantal Infarmatian								
upplemental Information  STATE OR COUNTRY OF INCORPORATION 2.(a) DATE OF IN	ICORPORATIO	N I	2 (h) DAT	E BUS	INESS BEGAN IN DC	3. IRS SERV	ICE CENTER WHI	ERE FEDERAL RETURN OVERED BY THIS RETURI
E.(a) Since in		`	2.(0) 07(1)		INCOO BEALIN IN BO		EN, UT	OVERED BY THIS RETURI
THE CORPORATION'S BOOKS ARE IN THE CARE OF -			-	1004		EYE S'	TREET,	
LINDA PARKER			5.	LOGA	WASHI	NGTON	, DC 2	0006
During 2020, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amend	led				If you have already provi	ded OTR with		
returns with the IRS? YES NO X					a detailed statement, ent			
If "YES", please submit separately a detailed statement, unless previous to the address shown on page 9 under Amended returns.	sly submitted,				it was sent.			MM/DD/YYYY
Is this corporation unitary with another entity?		YES	ΧN	10	If yes, explain:			
Is this return made on the accrual basis?	Х	YES	N	10	If no, indicate basis us	ed:	Cash Basis	Other (specify)
Did you file a franchise tax return with DC for the year 2019?	X	YES	N	10	If no, state reason:			
Did you withhold DC income tax from wages paid to your DC resident employees during 2020?	X	YES	N	VO	If no, state reason:			
Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for		YES	8 X N	NO				
2020?								
(a) Has the business been terminated?		YES	ΧN	10	If yes, explain and give	e date:		
(h) Have very moved and of DCO		YES	ΧN	10				
(b) Have you moved out of DC?			21					

<sup>\*</sup>Schedule J has been deleted.

DC	FORM D-20 MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT 1
1.	AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.	0.
2.	ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1	0.
3.	ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33	0.
4.	TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39	0.

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2020 calendar year, or tax year beginning	and	l ending		
<b>B</b> (	Check if pplicable	C Name of organization FRIENDS OF THE GLOBAL FIGHT	' AGAINST AI	IDS	D Employer identi	fication number
Г	Addre	TUBERCULOSIS AND MALARIA				
	Name chang	5			30-02208	374
Initia retu		Number and street (or P.O. box if mail is not delivered to s	street address)	Room/suite	E Telephone numb	
	⊥return termir ated		reign nostal code		G Gross receipts \$	5,652,086.
Г	Amen		reigit postar code		H(a) Is this a group	
F	Application		OLLINS		for subordinate	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	=
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (inser	rt no.) 4947(a)(1)	or 527		a list. See instructions
		te: NWW.THEGLOBALFIGHT.ORG			H(c) Group exempt	
		organization: X Corporation Trust Association	Other >	L Year		M State of legal domicile; DC
	art I	Summary		•	-	
	1	Briefly describe the organization's mission or most significar	nt activities: EDUC	ATE, E	NGAGE AND N	MOBILIZE
Activities & Governance		U.S. DECISION MAKERS TO FIGHT				
naı	2	Check this box  if the organization discontinued it	s operations or dispo	sed of more	than 25% of its net a	ssets.
Ş.	3	Number of voting members of the governing body (Part VI, li	ine 1a)			10
ဗိ	4	Number of independent voting members of the governing be				10
တို တ	5	Total number of individuals employed in calendar year 2020				9
itie	6	Total number of volunteers (estimate if necessary)				14
ċį		Total unrelated business revenue from Part VIII, column (C),				76,291.
_<		Net unrelated business taxable income from Form 990-T, Pa				0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			796,799	5,547,672.
	9	Program service revenue (Part VIII, line 2g)			0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,252	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)		105,456	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII,	column (A), line 12)		904,507	5,652,086.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1	l <b>-</b> 3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	
Š	15	Salaries, other compensation, employee benefits (Part IX, co	olumn (A), lines 5-10)		1,543,288	1,600,834.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0.
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>▶</b> <u>113,9</u>	34.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,034,561	977,179.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column	n (A), line 25)		2,577,849	
	19	Revenue less expenses. Subtract line 18 from line 12			-1,673,342	3,074,073.
O. O.				Be	ginning of Current Year	
sets	20	Total assets (Part X, line 16)			2,704,272	
Net Assets or	21	Total liabilities (Part X, line 26)			300,157	
<u>2</u>	22	Net assets or fund balances. Subtract line 21 from line 20 .			2,404,115	5,478,188.
_	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including				ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based	d on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е	CHRIS COLLINS, PRESIDENT				
		Type or print name and title		l r	Ooto I	DTIN
			's signature		Date Check	PTIN
Paid		AMY FOX AMY F		<u> </u>	0/26/21 self-emp	
-	arer	Firm's name CLIFTONLARSONALLEN LL			Firm's EIN ▶	41-0746749
Use	Only	Firm's address > 901 NORTH GLEBE ROAD,	SULTE 200			E71\
		ARLINGTON, VA 22203			Phone no. (	
Mav	/ the ll	RS discuss this return with the preparer shown above? See i	nstructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS, TUBERCULOSIS & MALARIA
	(FRIENDS) WORKS TO END THE WORLDWIDE BURDEN OF AIDS, TUBERCULOSIS &
	MALARIA. WE EDUCATE, ENGAGE AND MOBILIZE U.S. DECISION MAKERS TO
	SUPPORT THE GLOBAL FUND, THE WORLD'S LARGEST PUBLIC HEALTH FINANCIER.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  Lyes X No  If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <b>Yes X No</b>
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	E4C 01C
Tu	COMMUNICATIONS: FRIENDS OF THE GLOBAL FIGHT'S COMMUNICATIONS PROGRAM
	WORKS TO INCREASE U.S. PUBLIC AWARENESS OF THE GLOBAL FUND.
	1 1/0 100
4b	(Code:) (Expenses \$1, 148, 109. including grants of \$) (Revenue \$)  EDUCATION/AWARENESS: THE PROGRAM EDUCATES U.S. POLICYMAKERS AND
	DECISION MAKERS ON THE WORK OF THE GLOBAL FUND AND ITS SUCCESSES
	FIGHTING AIDS, TUBERCULOSIS, AND MALARIA. THROUGHOUT THE YEAR, FRIENDS
	CREATED AND DISTRIBUTED DOZENS OF PAPERS TO GLOBAL HEALTH NGOS,
	CONGRESSIONAL OFFICES AND THE U.S. ADMINISTRATION ON THE WORK AND
	SUCCESSES OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA.
	THE ORGANIZATION ALSO HOSTED SEVERAL INFORMATIONAL/EDUCATIONAL
	BRIEFINGS ON GLOBAL HEALTH ISSUES AND THE ROLE THE GLOBAL FUND IS
	TAKING TO COMBAT HIV/AIDS, TB AND MALARIA.
4c	,
	LOBBYING: THE ORGANIZATION WORKS TO ENSURE THAT THE U.S. GOVERNMENT
	CONTINUES TO SUPPORT THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND
	MALARIA AND THE FIGHT AGAINST THESE THREE DISEASES AROUND THE WORLD.
	Other program services (Describe on Schedule O.)
<del>-t</del> u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 2,093,254.
	Form <b>990</b> (2020)

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		Α_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Did the appropriation projection of the construction of the Helical Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>     </del>		<del></del>
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<b>.</b> ,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

TUBERCULOSIS AND MALARIA 30-0220874 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	; , , , , , , , , , , , , , , , , , , ,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)  [11b]  Social of 1047(aV4) were assessed to exist the truster leads a superiorities filling Forms 200 in line of Forms 10440.	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	, , , , , , , , , , , , , , , , , , , ,			
•		1		
		14a		Х
	Did the organization receive any payments for indoor fanning services during the fax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
13	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	le the appropriation and advertised institution as biret to the appring 1000 assistance and inscreased	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			Ī	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		<u>X</u>
6	Did the organization have members or stockholders?				6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	ne or				
	more members of the governing body?				7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code.)				
				ſ		Yes	No_
	Did the organization have local chapters, branches, or affiliates?				10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
					10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the forn	n?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			}	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				. l	
40	in Schedule O how this was done			····· }	12c	X	
13	Did the organization have a written whistleblower policy?			ſ	13	X	
14	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	ependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}	45-	Х	
	The organization's CEO, Executive Director, or top management official				15a	Δ	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				15b		$\overline{}$
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nant wi	th a				
iva				ŀ	16a		
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				iva		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-					
	exempt status with respect to such arrangements?			ľ	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶DC , AL , AK , AR , C	A,C	O,CT,FL	GA.	HI.	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar						
	for public inspection. Indicate how you made these available. Check all that apply.		,		,,		
	Own website Another's website Upon request X Other (explain	on Sci	hedule (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			y, and	financ	ial	
	statements available to the public during the tax year.		•	-			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records >				
	LINDA PARKER - 202-912-3828						
	1634 EYE STREET, NW, SUITE 1100, WASHINGTON, DC 20	006					
	SEE SCHEDIILE O FOR FILL LIST OF STATES					ggn	(0000)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not cl , unles	ss per	itior more son i	than o	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRIS COLLINS	40.00								_	
PRESIDENT	10.00			Х				379,181.	0.	33,654.
(2) LINDA PARKER	40.00	-				l		004 545		0.5 600
CHIEF OPERATIONS & COMPLIA	40.00					Х		221,717.	0.	27,633.
(3) MARK LAGON	40.00	-				٦,		107 714	_	20 040
CHIEF POLICY OFFICER  (4) SAMANTHA MAJERUS	40.00					X		197,714.	0.	30,042.
(4) SAMANTHA MAJERUS SENIOR DIR OF COMMUNICATIO	40.00	1				X		142,229.	0.	7,196.
(5) SHANNON KELLMAN	40.00							142,227.	0.	7,150.
POLICY DIRECTOR	10.00	1				x		108,109.	0.	7,952.
(6) NATASHA BILIMORIA	1.00							200,2001		7,7520
BOARD MEMBER UNTIL NOV 2020		х						0.	0.	0.
(7) BARBARA BUSH	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(8) JONATHAN KLEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MAURINE MURENGA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARK DYBUL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ERIC GOOSBY	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIAM FRIST	1.00									
BOARD MEMBER	2 22	Х						0.	0.	0.
(13) JEFFREY STURCHIO	2.00									
CHAIR	2.00	Х		Х				0.	0.	0.
(14) NICOLE SEXTON	2.00	Ψ,		37				_	_	_
SECRETARY (15) LINDA HOOLIEV	2 00	X		X				0.	0.	0.
(15) LINDA WOOLLEY TREASURER	2.00	X		х				0.	0.	0.
TREADURAN		^		Λ				0.	0.	0.
		1								
		1								

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TUBERCULOSIS AND MALARIA

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B) (C) (D)								(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		er an	a a a	recto	r/trust	ee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	organizations	ruste	ıl trus		99/	mpen		(***2/1099***********************************		and related
	below	dual t	Institutional trustee	_	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe empl	Former			
1b Subtotal						1	<b>&gt;</b>	1,048,950.	0	
c Total from continuation sheets to Part VI	l, Section A					l	<b>&gt;</b>	0.	0	
d Total (add lines 1b and 1c)						<u>]</u>	<u> </u>	1,048,950.	0	. 106,477.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	_
compensation from the organization										5
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	•		•					•	•	
and related organizations greater than \$150			•							4 X
5 Did any person listed on line 1a receive or a	•				•		late	ed organization or individ	lual for services	77
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	pers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	•	•							•	sation from
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wit	nın T		ear.	(0)
(A) Name and business	address							<b>(B)</b> Description of s	ervices	(C) Compensation
PECK MADIGAN JONES, 1300		TC	דדיי	7.1	70		$\dashv$	Description of s	CIVICCS	Сотреновног
NW, SUITE 600, WASHINGTON				_	ند ۷	,		CONSULTING		120,000.
THE 2030 COLLABORATIVE	1, DC 20	0.5	<u> </u>					FAITH OUTREAG	דר	120,000.
	N	37	201	5		- 1	ADVOCACY	-11	120,000.	
5508 IRON GATE DR., NASHVILLE, TN 37205 ADVOCACY									120,000.	
							$\dashv$			
							$\dashv$			
2 Total number of independent contractors (in	ncludina hut na	ot lin	nited	l to t	thos	e list	ed	above) who received mo	ore than	
\$100,000 of compensation from the organization	ū				2			,		

Form 990 (2020) TUBERCU
Part VIII | Statement of Revenue

<u></u>	it Vi		once or note to any lin	oo in this Dort VIII			
		Check if Schedule O contains a resp	onse or note to any iir	<u>le in this Part VIII</u>	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b></b>		- Fadanatad samanainna da					300010113 0 12 0 14
ants	1 6	a Federated campaigns 1a		-			
25.00	'	b Membership dues 1b		-			
A,	(	c Fundraising events 1c		-			
Contributions, Gifts, Grants and Other Similar Amounts	(	d Related organizations 1d		-			
ns,	•	e Government grants (contributions) 1e		-			
er S	1	f All other contributions, gifts, grants, and	F F 4 7 6 7 0				
혈美		similar amounts not included above 1f		_			
a de	9	g Noncash contributions included in lines 1a-1f 1g	<b>[\$</b>	E E 4 E 6 E 0			
<u>ठ</u> ह		h Total. Add lines 1a-1f		5,547,672.			
			Business Code				
e S	2 8	a					
ē Š	ŀ	b					
Sch	(	с					
ev ev	(	d					
Program Service Revenue	•	e					
ď	1	f All other program service revenue					
		g Total. Add lines 2a-2f	<b>)</b>				
	3	Investment income (including dividends	, interest, and				
		other similar amounts)		6,920.			6,920.
	4	Income from investment of tax-exempt by	ond proceeds				
	5	Royalties	<b>)</b>				
		(i) Re					
	6 a	a Gross rents 6a 21,2	03.				
	ŀ	<b>b</b> Less: rental expenses   <b>6b</b>	0.1				
	(	c Rental income or (loss) 6c 21,2	03.				
	(	d Net rental income or (loss)	<b>&gt;</b>	21,203.			21,203.
	7 a	a Gross amount from sales of (i) Secu	rities (ii) Other				
		assets other than inventory <b>7a</b>					
	ŀ	<b>b</b> Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
Revenue	(	c Gain or (loss) 7c					
Be	(	d Net gain or (loss)	<u>.</u>				
ЭĒ	8 8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	. 8a				
	ŀ	b Less: direct expenses	. 8b				
	(	c Net income or (loss) from fundraising ev	ents				
	9 a	a Gross income from gaming activities. Se	ee				
		Part IV, line 19	. 9a				
	ŀ	b Less: direct expenses					
	(	c Net income or (loss) from gaming activit	ies <b>&gt;</b> _				
	10 a	a Gross sales of inventory, less returns					
		and allowances	. 10a				
	ı	<b>b</b> Less: cost of goods sold					
		c Net income or (loss) from sales of invent	ory				
			Business Code				
ons	11 a	a ADMINISTRATIVE FEES	900099	76,291.		76,291.	
Miscellaneous Revenue	ŀ	b					
e se	(	с					
Aisc B	(	d All other revenue					
_		e Total. Add lines 11a-11d		76,291.			
	12	Total revenue. See instructions	<b>&gt;</b>	5,652,086.	0.	76,291.	28,123.

#### Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	426 107	270 700	01 007	42 610
	trustees, and key employees	436,127.	370,708.	21,807.	43,612
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	953,169.	747,400.	167,954.	27 015
7	Other salaries and wages	353,103.	/4/,400.	101,934.	37,815
8	Pension plan accruals and contributions (include	25,813.	21,544.	3,417.	Q E 2
0	section 401(k) and 403(b) employer contributions)	100,775.	83,215.	12,112.	852 5,448
9	Other employee benefits	84,950.	68,465.	11,904.	4,581
10	Payroll taxes	04,930.	00,403.	11,504.	4,301
l1 -	Fees for services (nonemployees):				
a					
b		65,418.		65,418.	
q	3 ······ F	69,600.	69,600.	03,410.	
e	Lobbying Professional fundraising services. See Part IV, line 17	03,000.	03,000.		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	427,309.	413,294.	13,740.	275
12	Advertising and promotion	13,000.	13,000.		
13	Office expenses	26,277.	17,339.	7,954.	984
14	Information technology			. , , , , ,	
 15	Royalties				
16	Occupancy	247,888.	209,433.	27,354.	11,101
17	Travel	35,378.	17,083.	17,662.	633
18	Payments of travel or entertainment expenses	,	,	,	
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,453.	14,660.	1,920.	873
23	Insurance	2,118.		2,118.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	GUDGGDTDMTONG	46,385.	35,442.	4,356.	6,587
b	PRINTING AND COPYING	9,273.	8,629.	339.	305
С	GIFTS	8,800.	523.	8,246.	31
d	EQUIPMENT LEASES	2,493.	1,214.	1,206.	73
е	All other expenses	5,787.	1,705.	3,318.	764
25	Total functional expenses. Add lines 1 through 24e	2,578,013.	2,093,254.	370,825.	113,934
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Part	ίλ	Balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			212,289.	1	360,003
	2	Savings and temporary cash investments			2,304,537.	2	2,011,407
	3	Pledges and grants receivable, net			115,957.	3	3,300,309
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>ĕ</b>	9	5			21,252.	9	88,568
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	150,291.			
	b	Less: accumulated depreciation		112,876.	30,943.	10c	37,415
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	ie 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			19,294.	15	19,294
	16	Total assets. Add lines 1 through 15 (must e	2,704,272.	16	5,816,996		
	17	Accounts payable and accrued expenses			124,020.	17	172,160
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	ormer offic	er, director,			
≝∣		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ons		22	
-	23	Secured mortgages and notes payable to un		· · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X	186 138		166 640
		of Schedule D			176,137.	25	166,648
4	26	Total liabilities. Add lines 17 through 25		. 🕶	300,157.	26	338,808
ا ي		Organizations that follow FASB ASC 958, or	heck here				
ğ		and complete lines 27, 28, 32, and 33.		-	1 (02 012		1 004 054
<u>a</u>	27	Net assets without donor restrictions	1,623,013.	27	1,024,854		
ĕ	28	Net assets with donor restrictions			781,102.	28	4,453,334
Ĭ		Organizations that do not follow FASB ASC					
<u> </u>		and complete lines 29 through 33.		ļ			
ts (	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated			2 404 115	31	F 450 100
	32	Total net assets or fund balances		·····	2,404,115.	32	5,478,188
	33	Total liabilities and net assets/fund balances			2,704,272.	33	5,816,996

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,57	8,0	<u> 13.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3,07	4,0	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,40	4,1	15.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,47	8,1	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

TUBERCULOSIS AND MALARIA 30-0220874 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

30-0220874 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	150,566.	5386062.	1312423.	796,799.	5547672.	13193522.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	150,566.	5386062.	1312423.	796,799.	5547672.	13193522.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6601129.
6	Public support. Subtract line 5 from line 4.						6592393.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	150,566.	5386062.	1312423.	796,799.	5547672.	13193522.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	51,367.	53,443.	54,487.	57,708.	28,123.	245,128.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,421.				1,421.
11	<b>Total support.</b> Add lines 7 through 10						13440071.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2020 (li					14	49.05 %
	Public support percentage from 2019					15	<u>15.68 %</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	•	VI how the organiz	zation
	meets the facts-and-circumstances tes	-		*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s

Schedule A (Form 990 or 990-EZ) 2020

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	etion A. Public Support	now, picase com	oloto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(5) 2017	(6) 2010	(a) 2010	(6) 2020	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
	Public support percentage for 2020 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						<b>&gt;</b>
20	<b>Private foundation.</b> If the organization	n did not check a	nox on line 14 19	a or 19h check th	nie hay and see in	etrijetione	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
ı	1		
	2		
	3a		
	3b		
L	3c		
L	4a		
L	4b		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L			
-	8		
L			
	9a		
L			
L	9b		
L			
L	9c		
L	10a		
L			
	10b		

Pa	rt IV   Supporting Organizations (continued)			ago o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type it Supporting Organizations		Ι.,	г
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	· ·	г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	, , ,			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA 30-0220874 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			·
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA 30-0220874 Page 7

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

гаі	Type in Non-1 directionally integrated 509(	a)(5) Supporting Orga	ilizations (continu	uea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	)	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	Form 990 or 990-EZ) 2020 TUBERCULOSI	S AND	MALARIA	30-0220874 Page 8
Part VI	<b>Supplemental Information.</b> Provide the e Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E	explanation , 9a, 9b, 9 ection E, li	ns required by Part II, line c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3t	10; Part II, line 17a or 17b; Part III, line 12; : IV, Section B, lines 1 and 2; Part IV, Section C, o; Part V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)			

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

**Employer identification number** 

30-0220874

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS
TUBERCULOSIS AND MALARIA

Employer identification number

30-0220874

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <b>4</b> ,952,799.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization
FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS
TUBERCULOSIS AND MALARIA

Employer identification number
30-0220874

art II Nonc	<b>ash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
a) o. om irt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		<b>  \$</b>	1

Name of organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS THREECHLOSTS AND MALARTA

**Employer identification number** 

	CULOSIS AND MALARIA				30-0220874
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)				nat total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	00 or less for the	e year. (Enter this info. once	e.) <b>&gt;</b> \$
(a) No	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
	-			-	
-		(e) Transfer o	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
				•	_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
	-				_
		(e) Transfer o	of gift		
		170	_		
-	Transferee's name, address, a	nd ZIP + 4	<u> </u>	lationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		_			
		(e) Transfer o	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
				-	_
(a) No. from			Τ		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
_		(e) Transfer o	of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of trar	nsferor to transferee

### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section	1301(c)(4), (3), or (6) organizat				
Name of or	ganization FRIENDS	OF THE GLOBAL FI	GHT AGAINST	AIDS Empl	oyer identification number
		<u>LOSIS AND MALARIA</u>			30-0220874
Part I-A	Complete if the org	janization is exempt unde	r section 501(c) o	r is a section 527 orç	ganization.
2 Politic	e a description of the organiz al campaign activity expendit eer hours for political campai		. •	▶\$	
Part I-B	Complete if the org	janization is exempt unde	r section 501(c)(3	).	
1 Enter	the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
		incurred by organization manager			
		n 4955 tax, did it file Form 4720 f			
	s," describe in Part IV.				
Part I-C	Complete if the org	janization is exempt unde	r section 501(c), e	except section 501(c)	)(3).
1 Enter	the amount directly expended	by the filing organization for sec	tion 527 exempt function	on activities >\$	
2 Enter	the amount of the filing organ	ization's funds contributed to oth	er organizations for sec	ction 527	
exemp	ot function activities			▶\$	
3 Total	exempt function expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
line 17	'b			<b>&gt;</b> \$	
4 Did th	e filing organization file <b>Form</b>	1120-POL for this year?			Yes No
made contril	payments. For each organiza outions received that were pro	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provide	from the filing organiza separate political orgar	ation's funds. Also enter the nization, such as a separate	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS 30-0220874 Page 2 Schedule C (Form 990 or 990-EZ) 2020 TUBERCULOSIS AND MALARIA Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 21,380. **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) 176,849. **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 198,229. c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 2,265,852. 464,081. e Total exempt purpose expenditures (add lines 1c and 1d) 273,204. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. 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. \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000 68,301 g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 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 separate instructions for lines 2a through 2f.)

	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total
2a Lobbying nontaxable amount		258,195.	276,392.	273,204.	807,791.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,211,687.
c Total lobbying expenditures		67,447.	170,734.	198,229.	436,410.
<b>d</b> Grassroots nontaxable amount		64,549.	69,098.	68,301.	201,948.
e Grassroots ceiling amount (150% of line 2d, column (e))					302,922.
f Grassroots lobbying expenditures				21,380.	21,380.

Schedule C (Form 990 or 990-EZ) 2020

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

•	etailed description	(a	)	(i	o)
f the lobbying activity.		Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign	n, national, state, or				
local legislation, including any attempt to influence public opinion on	a legislative matter				
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported	ed on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
g Direct contact with legislators, their staffs, government officials, or a l	egislative hody?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, of					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization manager					
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4					
		tion 501(c)(5	), or sec	tion	
art III-A Complete if the organization is exempt under			•		
art III-A Complete if the organization is exempt under 501(c)(6).					
				Yes	N
501(c)(6).	members?			Yes	N <sub>1</sub>
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by				Yes	N <sub>1</sub>
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines	000 or less? gn activity expenditures from section 501(c)(4), sec	m the prior year?	2 3 ), or sec	tion	3, is
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."	on less?  gn activity expenditures from section 501(c)(4), section 2, are answere	m the prior year? ction 501(c)(5 ed "No" OR (	2 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members	on or less?  gn activity expenditures from section 501(c)(4), section 501 and 2, are answere	m the prior year? ction 501(c)(5 ed "No" OR (	2 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members	on or less?  gn activity expenditures from section 501(c)(4), section 501 and 2, are answere	m the prior year? ction 501(c)(5 ed "No" OR (	2 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).	on or less?  gn activity expenditures from section 501(c)(4), section 501 and 2, are answered on the include amounts of properties.	m the prior year? ction 501(c)(5 ed "No" OR (	2 3 5), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year	on or less?  gn activity expenditures from section 501(c)(4), section 501 and 2, are answered on the include amounts of possible control of the section of possible control of the section	m the prior year?etion 501(c)(5ed "No" OR (	2 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).	on or less?  gn activity expenditures from section 501(c)(4), section 501 and 2, are answered on the include amounts of proceedings.	m the prior year? etion 501(c)(5 ed "No" OR (	2 3), or sec b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year	on or less?  gn activity expenditures from section 501(c)(4), section 501 and 2, are answered on the include amounts of properties.	m the prior year? etion 501(c)(5 ed "No" OR (	2 3 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total	gn activity expenditures from section 501(c)(4), section 501 and 2, are answered not include amounts of productible section 162(e) dues	m the prior year? etion 501(c)(5 ed "No" OR (	2 3 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nonded	gn activity expenditures from section 501(c)(4), section 501 and 2, are answered on the include amounts of productible section 162(e) dues in line 3, what portion of the	m the prior year? ction 501(c)(5 ed "No" OR (	2 3 3), or sec (b) Part	tion	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2, Did the organization agree to carry over lobbying and political campa art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nonder If notices were sent and the amount on line 2c exceeds the amount of	gn activity expenditures from section 501(c)(4), section 501 and 2, are answered on the include amounts of productible section 162(e) dues in line 3, what portion of the	m the prior year? ction 501(c)(5 ed "No" OR (	2 3 3), or sec (b) Part	tion	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

**Employer identification number** 30-0220874

		(a) Donor advised funds		(b) Funds ar	nd other accou	ınts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in do	nor advised fur	nds		
	are the organization's property, subject to the organization's ex	xclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or					
				•	Yes	☐ No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Fo	rm 990, Part I\	/, line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation		vation of a his	torically impo	rtant land area	a
	Protection of natural habitat	· —	vation of a cer			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in	the form of a c	onservation e	asement on th	ne last
	day of the tax year.				at the End of th	
а				2a		
b				2b		
С	Number of conservation easements on a certified historic struc			2c		
d						
	listed in the National Register	,		2d		
3	Number of conservation easements modified, transferred, release				a the tax	
	year <b>&gt;</b>	<b>g</b> ,	,g		9	
4	Number of states where property subject to conservation ease	ment is located >				
5	Does the organization have a written policy regarding the perio		dlina of			
	violations, and enforcement of the conservation easements it h	• • • •	•		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					ear
	•	,	J		,	
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing	conservation e	asements dur	ring the vear	
	<b>&gt;</b> \$	3			3	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(E	3)(i)		
_	and section 170(h)(4)(B)(ii)?	•	. , . , .	, , ,	Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footno		•		the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures	, or Other	Similar As	sets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue sta	tement and ba	lance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publi					
	service, provide in Part XIII the text of the footnote to its finance			•		
b				ce sheet work	s of	
	art, historical treasures, or other similar assets held for public e					
	provide the following amounts relating to these items:	,			,	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
	17,			·· • • —		
2			financial gain	provide		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for	financial gain	, provide		
2 a		sures, or other similar assets for C 958 relating to these items:				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

	t III Organizations Maintaining C	ollections of Ar			asures, or	Other	Simila		(continu		<u>e -</u>
3	Using the organization's acquisition, accession		-						COILLIIC	ieu)	
_	collection items (check all that apply):	<b>,</b>	-,	<b>,</b>			J				
а	Public exhibition	d		I oan or exc	hange progra	m					
b	Scholarly research	e									
c	Preservation for future generations	J									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exen	nnt nurno:	se in Part	XIII		
5	During the year, did the organization solicit o							oo iii i ai c	,		
•	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai		)	organizatio	ii anoworoa	100 011		,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a	Is the organization an agent, trustee, custodi		iary for o	contributions	s or other ass	ets not i	ncluded				_
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		110
b	Tres, explain the arrangement in rait Am	and complete the for	lowing t	abie.					Amount		—
_	Paginning balance						1c		Amount		—
	Beginning balance										—
	Additions during the year										—
	Distributions during the year										—
	Ending balance								7 v		<u> </u>
	Did the organization include an amount on Fo						ту?		Yes		No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i										—
ı uı	Endowment i dilds: Complete i							.aaua baali	(-) Faur		
	Danisaria a of consultations	(a) Current year	(b) P	rior year	(c) Two year	s dack	(a) Three y	ears back	(e) Four	/ears ba	ICK
	Beginning of year balance										—
	Contributions										—
	Net investment earnings, gains, and losses										
	Grants or scholarships										—
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance										
	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administere	ed for th	e organiza	ation	_		
	by:								\	Yes 1	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value	
		basis (investr	nent)		(other)		oreciation		. ,		
1a	Land										_
	Buildings										_
	Leasehold improvements			1	4,542.		13,5	72.		970	0.
	Equipment				5,648.		17,7		7	,88!	
	Other				0,101.		81,5			,560	
	. Add lines 1a through 1e. (Column (d) must e	aual Form 000 Dost	V colum				,5			,41!	

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	on Farm 000 Bart IV line	44b Occ Form 200 Book V Pro 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of Chid	Torycar market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(In) Dealers les
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X   Other Liabilities.	9 /5.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	orr orr 550, r art iv, into	110 01 111. 000 1 0111 330, 1 art X, iiiie 23.	(b) Book value
(1) Federal income taxes			(b) I con raide
(2) DEFERRED RENT			162,648.
(3) LESSEE SECURITY DEPOSIT			4,000.
(4)			1,000.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>.</b>	166,648.
Column (b) must equal to mi 330, i art A, col. (b) ille	, <u>, , , , , , , , , , , , , , , , , , </u>		,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ents With Reve	nue per Return.	one of the second
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	-	
1	T		1	5,652,086.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d				
е			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			5,652,086.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,652,086.
	rt XII   Reconciliation of Expenses per Audited Financial Staten	nents With Exp		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	•	
1	Total expenses and losses per audited financial statements		1	2,578,013.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			, ,
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d				
			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			2,578,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			2/3/0/0231
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
			4c	0.
5				2,578,013.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	2,370,013
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV lines 1h and 2h	n: Part V line 4: Part )	( line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			ν, πιο Σ, τ αι τ λι,
111103	2d and 45, and 1 art An, mics 2d and 45. Also complete this part to provide any ad	ditional information.	•	
PAI	RT X, LINE 2:			
FRI	ENDS OF THE GLOBAL FIGHT IS EXEMPT FROM F	EDERAL INC	OME TAX AS	Δ
	THE CLOSIE I TON IS DANNI I INON I	DDIMID INC	201111 11111 1110	11
NOI	PROFIT ORGANIZATION DESCRIBED IN SECTION	501(C)(3)	OF THE INT	ERNAL
REV	ENUE CODE AND IS CLASSIFIED AS AN ORGANIZ	ATION OTHE	ER THAN A PI	RIVATE
FOU	JNDATION. FRIENDS DID NOT HAVE A LIABILIT	Y FOR UNRE	ELATED BUSI	NESS
INC	COME FOR THE YEARS ENDED DECEMBER 31, 2020	AND 2019.	,	
	E MATERIAL JURISDICTIONS SUBJECT TO POTENT			AXING

OPEN TAX YEARS WILL HAVE A MATERIAL IMPACT ON FRIEND'S RESULTS OF

AUTHORITIES INCLUDE THE U.S. AND THE DISTRICT OF COLUMBIA. MANAGEMENT

OPERATIONS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE IRS ARE

DOES NOT BELIEVE THAT THE ULTIMATE OUTCOME OF ANY FUTURE EXAMINATIONS OF

2017 THROUGH 2020.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	TUBERCULOSIS	AND MALARIA	30-0220874 Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Information	rmation (continued)		
• • • • • • • • • • • • • • • • • • • •	(continued)		
-			

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

QUQU
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS

TUBERCULOSIS AND MALARIA

Employer identification number 30-0220874

**Questions Regarding Compensation** Part I Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

TUBERCULOSIS AND MALARIA

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHRIS COLLINS	Ξ	309,841.	68,566.	774.	11,400.	22,254.	412,835.	0
PRESIDENT	(ii)			• 0				0
(2) LINDA PARKER	(i)	198,993.	21,657.	1,067.	8,137.	19,496.	249,350.	• 0
CHIEF OPERATIONS & COMPLIA	Œ			0				0
(3) MARK LAGON	(i)	177,572.	19,819.	323.	7,268.	22,774.	227,756.	0.
CHIEF POLICY OFFICER	(ii)	0	• 0	• 0	• 0	• 0	0 •	0
	(i)							
	≘							
	(i)							
	≘							
	Ξ							
	≘							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	Ξ							
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	Ξ							
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Schedule J (Form 990) 2020

TUBERCULOSIS AND MALARIA Schedule J (Form 990) 2020

Part III Supplemental Information

Page 3 30-0220874

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

										Schedule J (Form 990) 2020

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS TUBERCULOSIS AND MALARIA

Employer identification number 30-0220874

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD, SECRETARY OF
THE BOARD, TREASURER OF THE BOARD AND THE PRESIDENT. THIS EXECUTIVE
COMMITTEE HAS AUTHORITY OVER DAY-TO-DAY ISSUES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY FRIENDS' PUBLIC ACCOUNTING FIRM. THE RETURN IS

REVIEWED IN ITS ENTIRETY BY THE BOARD CHAIRMAN, BOARD TREASURER AND

FRIENDS' LEGAL COUNSEL BEFORE IT IS SUBMITTED TO THE IRS. A COPY IS

PROVIDED TO OTHER BOARD MEMBERS UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO SIGN A

CONFLICT OF INTEREST STATEMENT TO ATTEST THERE IS NOT ONE, OR DISCLOSE A

POTENTIAL ONE. IF A POTENTIAL CONFLICT OF INTEREST EXISTS, FRIENDS WILL

CONSULT WITH THEIR ATTORNEY. IF A CONFLICT OF INTEREST IS DEEMED TO EXIST,

THE INDIVIDUAL IS EXCLUDED FROM DECISIONS AND/OR VOTES THAT RELATE TO IT.

THE CONFLICT OF INTEREST STATEMENTS ARE MONITORED BY THE PRESIDENT AND

CHIEF OPERATIONS OFFICER OF FRIENDS.

FORM 990, PART VI, SECTION B, LINE 15A:

FRIENDS HAS A COMPENSATION COMMITTEE THAT REVIEWS THE TOP EXECUTIVE'S

COMPENSATION ON AN ANNUAL BASIS. THE COMMITTEE CONSISTS OF THE BOARD CHAIR,

SECRETARY AND TREASURER. SIMILAR ORGANIZATIONS' 990 RETURNS ARE USED TO

DETERMINE COMPENSATION. THE COMPENSATION COMMITTEE PRESENTS A

RECOMMENDATION TO THE REST OF THE BOARD. THE RESULTING DISCUSION AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020  Name of the organization FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS  TUBERCULOSIS AND MALARIA	Employer identification number $30-0220874$
DECISION IS DOCUMENTED. THE LAST REVIEW PROCESS WAS HELD IN	
COMPENSATION).	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
DC, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, M	S,MO,NV,NH,NJ,NM
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS ON OUR WEBSITE. FORM 1023 IS AVAILABLE UPO	N REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMEN	TS, AND CONFLICT
OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUES	т.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	386,785.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	386,785.
PROFESSIONAL FEES - OTHER:	
PROGRAM SERVICE EXPENSES	4,624.
MANAGEMENT AND GENERAL EXPENSES	1,112.
FUNDRAISING EXPENSES	275.
TOTAL EXPENSES	6,011.
PAYROLL SERVICE:	

PROGRAM SERVICE EXPENSES 11,475.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 11,475.

Schedule O (Form 990 or 990-EZ) 2020

Name of the	he organizat	ion FR	IEN:	DS OF	THE IS AN	GLOBA D MAL	L FI ARIA	GHT A	GAINS	T AI	os	Employer id	dentification number 220874
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		427,309.

Form <b>990</b>	)-T	E	exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	۱ ۱	OMB No. 1545-0047
		For cal	endar year 2020 or other tax year beginning , and ending		2020
Department of t	the Treasury le Service	<b>&gt;</b>	► Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
	ck box if ress changed.	Print	Name of organization (	DEmpl	over identification number $0-0220874$
<b>X</b> 501( <b>c</b> 408(e)	2)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  1634 EYE STREET, NW, NO. 1100  City or town, state or province, country, and ZIP or foreign postal code	<b>E</b> Grou	o exemption number instructions)
529(a)	5298		WASHINGTON, DC 20006	F 🗆	Check box if
			ok value of all assets at end of year	L	an amended return.
				pplical	ole reinsurance entity
	if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
	if a 501(c)(3) o	rganiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b>&gt;</b>
			ed Schedules A (Form 990-T)		1
-	•		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ ∟	Yes X No
			d identifying number of the parent corporation.		
			LINDA PARKER Telephone number ▶ 2	202-	912-3828
			d Business Taxable Income		
1 Total	of unrelated b	ousines	ss taxable income computed from all unrelated trades or businesses (see		
instru	ıctions)			1	-17,495.
2 Rese	rved			2	
3 Add I	ines 1 and 2			3	-17,495.
4 Chari	table contribu	tions (	see instructions for limitation rules)	4	0.
5 Total	unrelated bus	iness t	taxable income before net operating losses. Subtract line 4 from line 3	5	-17,495.
6 Dedu	ction for net o	perati	ng loss. See instructions	6	
7 Total	of unrelated b	ousines	ss taxable income before specific deduction and section 199A deduction.		
Subtr	ract line 6 from	n line 5	j	7	-17,495.
8 Spec	ific deduction	(gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trust	ts. Section 199	9A dec	duction. See instructions	9	
10 Total	deductions.	Add lir	nes 8 and 9	10	1,000.
11 Unre	lated busines	s taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter	zero			11	0.
Part II	Tax Comp	utati	on		
1 Orga	nizations taxa	able as	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
			ates. See instructions for tax computation. Income tax on the amount on		
	, line 11 from:		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy	y tax. See inst	ruction		3	
4 Other	r tax amounts.	See ir		4	
5 Alterr	native minimur	n tax (		5	
6 Tax o	on noncompli	ant fac	cility income. See instructions	6	
	-		a 6 to line 1 or 2 whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Form 990-T (2020) Page 2 Tax and Payments Part III 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 2 0. 2 3 Other taxes. Check if from: Form 4255 Form 8611 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 Payments: A 2019 overpayment credited to 2020 6a 6a 2020 estimated tax payments. Check if section 643(g) election applies \_\_\_\_\_ ▶ \_ 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Other Form 4136 Total payments. Add lines 6a through 6g 7 7 R Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax Part IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year X Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here PRESIDENT the preparer shown below (see Signature of officer instructions)? X Yes PTIN Print/Type preparer's name Preparer's signature Date Check self- employed Paid AMY FOX 10/26/21 P00847276 AMY FOX **Preparer** Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 **Use Only** 901 NORTH GLEBE ROAD, SUITE 227-9500 ARLINGTON, VA 22203 Firm's address Form 990-T (2020)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

ENTITY

1

► Go to www.irs.gov/Form990T for instructions and the latest information.

	ment of the Treasury  Il Revenue Service  Do not enter SSN numbers on this form as it	may be	made public if y	our organiza	ntion is a 501(c)	(3).	Open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b>	Name of the organization FRIENDS OF THE GLOBAL I TUBERCULOSIS AND MALARIA	FIGH	T AGAINS	ST AID	B Employer		cation number 7 4
<u>c</u>	Unrelated business activity code (see instructions) > 90009	9			<b>D</b> Sequence	e: .	1 of 1
<u>E [</u>	Describe the unrelated trade or business   ADMIN SUPPOR	r fe	ES				
	rt I Unrelated Trade or Business Income		(A) Incon	ie	(B) Expens	es	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С		4c					
5	Income (loss) from a partnership or an S corporation (attach statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)						
12	Other income (see instructions; attach statement) STMT 1	12		291.			76,291.
13	Total. Combine lines 3 through 12	13	76,	291.			76,291.
1	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come				luction	s must be
2	Salaries and wages					2	66,667.
3	Repairs and maintenance					3	00,0010
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)		7	1			
8	Less depreciation claimed in Part III and elsewhere on return			1		8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	11,443.
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		SEE	STATE	MENT 2	14	15,676.
15	Total deductions. Add lines 1 through 14					15	93,786.
16	Unrelated business income before net operating loss deduction. Su column (C)					16	-17,495.
17	Deduction for net operating loss (see instructions)					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-17,495.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part	III Cost of Goods Sold Enter meth	nod of inventory valuati	on <b>•</b>		Page Z
1	Inventory at beginning of year	-	011 -	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	•			Yes No
Part					
1	Description of property (property street address, city, st		_		
-	A	,,	( /	<b>-</b> ,	
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, I	ine 6, column (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code). Cl	neck if a dual-use (see	instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	. Enter here and on Par	t I, line 7, column (A)	<b>&gt;</b>	0.
	ı	T	Т		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr		on Part I, line 7, colum	nn (B) 🕨	0.
11	Total dividends-received deductions included in line	10			0.

Scriedule .	A (FORM 990-1) 2020	iitiaa D	oyalties, and Re	nto from	~ Control	Iad Or	aoni-otion					Page 3
Part VI	interest, Annu	illies, R	oyanies, and Re	ints from	ii Control			,	e instruct			
							Exempt Contro					
1	<ol> <li>Name of controlled</li> </ol>	2. Employer	<b>3.</b> Net	3. Net unrelated 4. Tota				Part of column 4		6. Deductions directly		
	organization		identification inco		me (loss) payn		nents made	that is included in the controlling organiza				
			number	(see ins	structions)				tion's gross incom		inco	me in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ions					
<b>7.</b> Ta	ir		Net unrelated	9. Total of specified		10. Part of column 9		nn 9	11. Deductions directly			
			ncome (loss)	pa	ments made		that is included				connected with	
			e instructions)			controlling organization's gross income			income in column 10			
(1)							J					
(2)												
(3)												
(4)												
<u>.,,                                    </u>							Add colum	ns 5 ar	nd 10	Add	l colur	mns 6 and 11.
							Enter here					and on Part I,
							line 8, d	column	(A)	li	ine 8,	column (B)
Totals						•			0.			0.
Part VI	I Investment	ncome	of a Section 50	1(c)(7). (	9). or (17)	Organ	nization (s	ee instr	uctions)			
		cription of		-(-/(-// (	<b>2.</b> Amou		3. Deduction		<b>4.</b> Set-	asides	5.	Total deductions
	<b></b> 2 3331 <b>p</b> 1131 113 113				income				tatement) and set-asides			
							(attach stater	ment)			(a	dd cols 3 and 4)
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<u>\( \frac{1}{2} \) \( \frac{1}{2} \)</u>					Add amou	unts in					-	Add amounts in
					column 2							column 5. Enter
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Part VI	II Evaloited E	vemnt /	Activity Income,	Other I	Than Adve		g Income	·	tructions)			0.
				Other	IIIaii Auve	zi tiSiri	g income	see ms	tructions)			
	escription of exploite			anna Frata	r bara and a	n Dort I	line 10 column	- /Λ\		ا م		
			e from trade or busin				•			2		
	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)											
										3		
	, ,		I trade or business. S				· .					
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			is not unrelated busi							5		
			entered on line 5							6		
			act line 5 from line 6	, but do no	ot enter mor	e than th	ne amount on I	ine		_		
1	Enter here and on E	art II lina	17)							7		

Schedule A (Form 990-T) 2020

ENTITY Schedule A (Form 990-T) 2020 Part IX Advertising Income Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. Α В С D Enter amounts for each periodical listed above in the corresponding column. В С D 2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A) а Direct advertising costs by periodical 3 Add columns A through D. Enter here and on Part I, line 11, column (B) Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... 5 Readership costs 6 Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 Compensation of Officers, Directors, and Trustees (see instructions) Part X 3. Percentage 4. Compensation 2. Title 1. Name of time devoted attributable to unrelated business to business (1) % (2)% (3) (4) 0. Total. Enter here and on Part II, line 1 Supplemental Information (see instructions)

FORM 990-T (A)	OTHER	INCOME	STATEMENT 1	
DESCRIPTION			AMOUNT	
ADMIN SUPPORT FEES			76,291.	
TOTAL TO SCHEDULE A, PART I	76,291.			
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 2	
DESCRIPTION			AMOUNT	
TEMPORARY SERVICES			9,624.	
ADMINISTRATIVE OVERHEAD ALI	LOCATION		6,052.	