Form **990**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GAVI ALLIANCE

Doing business as
GAVI THE VACCINE ALLIANCE

Number and street (or P.O. box if mail is not delivered to street address)
CHEMIN DU POMMIER 40

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
GRANDSACONNEX, GENEVA 1218
Switzerland

D Employer identification number
98-0593375

E Telephone number
(202) 478-1050

G Gross receipts $ 5,428,821,167

F Name and address of principal officer:
ASSIETOU DIOUF
CHEMIN DU POMMIER 40
GRANDSACONNEX,GENEVA 1218
SZ

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ GAVI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2009

M State of legal domicile: SZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO SAVE CHILDREN'S LIVES AND PROTECT PEOPLE'S HEALTH BY INCREASING EQUITABLE USE OF VACCINES IN LOWER-INCOME COUNTRIES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	46
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	46
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	23
6	Total number of volunteers (estimate if necessary)	**6**	57
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	800,186,577	2,433,703,395
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,335,701	22,864,796
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,373,686	-125,399,918
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	879,895,964	2,331,168,273
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	995,854,754	2,014,115,924
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	53,375,707	57,861,874
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶18,697,238		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,356,179	44,980,640
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,100,586,640	2,116,958,438
19	Revenue less expenses. Subtract line 18 from line 12	-220,690,676	214,209,835

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,241,258,942	6,896,842,127
21	Total liabilities (Part X, line 26)	1,071,665,879	3,389,804,483
22	Net assets or fund balances. Subtract line 21 from line 20	3,169,593,063	3,507,037,644

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.

Sign Here

Signature of officer — Date: 2021-10-26

ASSIETOU DIOUF MANAGING DIR, FINANCE/OPER.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00540589

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1000
COSTA MESA, CA 92626 — Phone no. (714) 436-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part 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:

TO SAVE CHILDREN'S LIVES AND PROTECT PEOPLE'S HEALTH BY INCREASING EQUITABLE USE OF VACCINES IN LOWER-INCOME COUNTRIES.

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 ☐ 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? . . . . . ☐ Yes ☑ No

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 (Code:) (Expenses $ 2,068,575,735 including grants of $ 2,014,115,924) (Revenue $)

ACCELERATING EQUITABLE UPTAKE AND COVERAGE OF VACCINESCOUNTRIES IMMUNISED 64 MILLION UNIQUE CHILDREN WITH GAVI SUPPORT IN 2020. OF THIS NUMBER, EACH CHILD IS PROTECTED AGAINST APPROXIMATELY SEVEN INFECTIOUS DISEASE. TODAY, NEARLY FOUR IN FIVE CHILDREN IN GAVI-SUPPORTED COUNTRIES RECEIVE ROUTINE IMMUNISATION. DUE TO THE IMPACT OF THE COVID-19 PANDEMIC, COVERAGE WITH A FULL COURSE OF PENTAVALENT VACCINE AND THE FIRST DOSE OF MEASLES-CONTAINING VACCINE BOTH DECREASED TO 78% IN GAVI-SUPPORTED COUNTRIES, FROM 82% AND 81%, RESPECTIVELY A DECLINES LESS SEVERE THAN WHAT WAS FEARED.GAVI SUPPORTED 21 VACCINE INTRODUCTIONS AND CAMPAIGNS IN 2020, A DECREASE FROM 60 IN 2019 DUE TO THE IMPACT OF THE COVID-19 PANDEMIC.IN 2020, EMERGENCY STOCKPILES FOR CHOLERA, MENINGOCOCCAL AND YELLOW FEVER VACCINES WERE ACCESSED A TOTAL OF 11 TIMES BY 9 COUNTRIES.INCREASING THE EFFECTIVENESS AND EFFICIENCY OF IMMUNISATION DELIVERY AS AN INTEGRATED PART OF STRENGTHENED HEALTH SYSTEMSWHERE AVAILABLE, MONTHLY ADMINISTRATION DATA SUGGESTS THAT DESPITE A 40% REDUCTION IN IMMUNISATION ACTIVITY DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC IN APRIL AND MAY 2020, ROUTINE IMMUNISATION BOUNCED BACK: BY DECEMBER 2020, MONTHLY IMMUNISATION RATES WERE ABOVE THOSE OF THE PREVIOUS YEAR.GAVI DISBURSED A RECORD OF US$ 383 MILLION IN HEALTH SYSTEM SUPPORT IN 2020. ANNUAL HEALTH SYSTEM STRENGTHENING (HSS) DISBURSEMENTS NEARLY DOUBLED OVER THE COURSE OF GAVI 4.0, TOTALLING US$ 1.42 BILLION FOR THE 2016-2020 STRATEGIC PERIOD COMPARED TO THE ORIGINAL BOARD-APPROVED ENVELOPE OF US$ 1.3 BILLION.THE TIME TAKEN TO DISBURSE CASH GRANTS TO COUNTRIES IMPROVED SIGNIFICANTLY, FROM 18 MONTHS IN 2018 TO AN AVERAGE OF SLIGHTLY UNDER 10 MONTHS IN 2020, WHICH IS CLOSER TO THE TARGET OF 9 MONTHS. WHEN INCLUDING GRANTS THAT WERE DELAYED BY AUDIT AND SUPPLY CONSTRAINTS, THE AVERAGE WAS 14 MONTHS.IMPROVING SUSTAINABILITY OF NATIONAL IMMUNISATION PROGRAMMESA TESTAMENT TO INCREASING COUNTRY OWNERSHIP AND THE LONG-TERM FINANCIAL SUSTAINABILITY OF GAVI-SUPPORTED VACCINES, 100% OF COUNTRIES PAID THEIR 2020 CO-FINANCING OBLIGATIONS ON TIME (EXCLUDING THE NINE COUNTRIES THAT RECEIVED AN EXCEPTIONAL WAIVER DUE TO THE COVID-19 PANDEMIC).BY THE END OF 2020, 88% OF COUNTRIES IN THE ACCELERATED TRANSITION PHASE WERE ON TRACK TO TRANSITION SUCCESSFULLY. THIS IS AN INCREASE FROM 67% IN 2019, EXCEEDING THE TARGET OF 75% BY 2020. THE ONLY COUNTRY THAT MISSED THE CRITERIA TO BE CONSIDERED ON TRACK FOR SUCCESSFUL TRANSITION DID SO BECAUSE OF ITS DTP3 COVERAGE LEVEL. THIS HIGHLIGHTS THE IMPORTANCE OF OUR PROGRAMMATIC SUSTAINABILITY WORK WITH COUNTRIES, WHICH WILL BE FURTHER EXPANDED IN GAVI 5.0. SHAPING MARKETS FOR VACCINES AND OTHER IMMUNISATION PRODUCTSIN 2020, THE WEIGHTED AVERAGE PRICE TO FULLY IMMUNISE A CHILD WITH PENTAVALENT, PNEUMOCOCCAL AND ROTAVIRUS VACCINES FELL TO US$ 15.20, A REDUCTION OF 24% SINCE 2015 AND A 2% DROP FROM THE PREVIOUS YEAR.BY THE END OF 2020, 10 OUT OF 11 VACCINE MARKETS WERE ASSESSED AS HAVING SUFFICIENT AND UNINTERRUPTED SUPPLY UP FROM 8 IN 2019. WHILE SUPPLY SECURITY FOR INACTIVATED POLIO VACCINE AND ORAL CHOLERA VACCINE WAS RE-ESTABLISHED, GLOBAL DEMAND FOR HUMAN PAPILLOMAVIRUS VACCINE CONTINUES TO OUTPACE AVAILABLE SUPPLY, DESPITE THE MANUFACTURING CAPACITY EXPANSION EFFORTS OF A MAJOR SUPPLIER TO GAVI.FURTHER INFORMATION ON GAVI'S PROGRESS TOWARDS ACHIEVING ITS STRATEGIC GOALS CAN BE FOUND IN ITS 2020 ANNUAL PROGRESS REPORT, ONLINE AT: HTTPS://WWW.GAVI.ORG/PROGRAMMES-IMPACT/OUR-IMPACT/PROGRESS-REPORTS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,068,575,735

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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	Yes	
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

Part IV Checklist of Required Schedules *(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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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		No
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		No
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		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V 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	47		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 23				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**			
4a	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**	Yes		
b	If "Yes," enter the name of the foreign country: ▶SZ, NO, EI 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**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
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**		No	
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).**				
a	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**		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No	
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.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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**			
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 **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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. 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 in Schedule O.	**1a**	46		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	46		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records:
▶ASSIETOU DIOUF CHEMIN DU POMMIER 40 GRANDSACONNEX,GENEVA 1218 SZ

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, or 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NGOZI OKONJO-IWEALA CHAIR	2.00 0.00	X						0	0	0
(2) SARAH GOULDING VICE CHAIR - FROM 01/2020	2.00 0.00	X						0	0	0
(3) OMAR ABDI BOARD MEMBER	2.00 0.00	X						0	0	0
(4) BETH ARTHY BOARD MEMBER - FROM 09/2020	2.00 0.00	X						0	0	0
(5) AFSANEH BESCHLOSS BOARD MEMBER - FROM 01/2020	2.00 0.00	X						0	0	0
(6) ROGER CONNOR BOARD MEMBER - FROM 08/2020	2.00 0.00	X						0	0	0
(7) MAHIMA DATLA BOARD MEMBER (ABM UNTIL 07/2020)	2.00 0.00	X						0	0	0
(8) MATY DIA BOARD MEMBER	2.00 0.00	X						0	0	0
(9) ABDOULAYE SABRE FADOUL BOARD MEMBER - FROM 09/2020	2.00 0.00	X						0	0	0
(10) FEROZUDDIN FEROZ BOARD MEMBER - UNTIL 09/2020	2.00 0.00	X						0	0	0
(11) DANIEL GRAYMORE BOARD MEMBER - UNTIL 09/2020	2.00 0.00	X						0	0	0
(12) AMIR AMAN HAGOS BOARD MEMBER - UNTIL 07/2020	2.00 0.00	X						0	0	0
(13) MARGARET PEGGY HAMBURG BOARD MEMBER	2.00 0.00	X						0	0	0
(14) MYINT HTWE BOARD MEMBER	2.00 0.00	X						0	0	0
(15) ZSUZANNA JAKAB BOARD MEMBER - FROM 03/2020	2.00 0.00	X						0	0	0
(16) MAHAMOUD YOUSSOUF KHAYAL BOARD MEMBER - UNTIL 08/2020	2.00 0.00	X						0	0	0
(17) ORIN LEVINE BOARD MEMBER	2.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANCESCA MANNO BOARD MEMBER	2.00 0.00	X						0	0	0
(19) MARTA NUNES BOARD MEMBER	2.00 0.00	X						0	0	0
(20) AHMAD JAWAD OSMANI BOARD MEMBER - FROM 09/2020	2.00 0.00	X						0	0	0
(21) JAN PAEHLER BOARD MEMBER (ABM UNTIL 01/2020)	2.00 0.00	X						0	0	0
(22) MUHAMMAD PATE BOARD MEMBER	2.00 0.00	X						0	0	0
(23) HARRIET PEDERSEN BOARD MEMBER	2.00 0.00	X						0	0	0
(24) SAI PRASAD BOARD MEMBER - UNTIL 06/2020	2.00 0.00	X						0	0	0
(25) HELEN REES BOARD MEMBER	2.00 0.00	X						0	0	0
(26) TERESA RESSEL BOARD MEMBER	2.00 0.00	X						0	0	0
(27) WILLIAM H ROEDY BOARD MEMBER	2.00 0.00	X						0	0	0
(28) PETER SALAMA BOARD MEMBER - UNTIL 01/2020	2.00 0.00	X						0	0	0
(29) DAVID SIDWELL BOARD MEMBER	2.00 0.00	X						0	0	0
(30) SUSAN SILBERMAN BOARD MEMBER - UNTIL 07/2020	2.00 0.00	X						0	0	0
(31) LIA TADESSE BOARD MEMBER - FROM 07/2020	2.00 0.00	X						0	0	0
(32) ARSEN TOROSYAN BOARD MEMBER	2.00 0.00	X						0	0	0
(33) YIBING WU BOARD MEMBER	2.00 0.00	X						0	0	0
(34) STEPHEN ZINSER BOARD MEMBER	2.00 0.00	X						0	0	0
(35) KWAKU AGYEMAN-MANU ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(36) EDNA YOLANI BATRES ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(37) MEGAN CAIN ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(38) SUSAN ELDEN ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(39) ASSAD HAFEEZ ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(40) ETLEVA KADILLI ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(41) NOOR KHAN ALTERNATE BOARD MEMBER - FROM 03/20	2.00 0.00	X						0	0	0
(42) IRENE KOEK ALTERNATE BOARD MEMBER - UNTIL 06/20	2.00 0.00	X						0	0	0
(43) LENE LOTHE ALTERNATE BOARD MEMBER - UNTIL 03/20	2.00 0.00	X						0	0	0
(44) JACQUELINE LYDIA MIKOLO ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(45) VIOLAINE MITCHELL ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(46) KATE O'BRIEN ALTERNATE BOARD MEMBER - FROM 03/20	2.00 0.00	X						0	0	0
(47) KEIICHI ONO ALTERNATE BOARD MEMBER - FROM 09/20	2.00 0.00	X						0	0	0
(48) MICHAEL KENT RANSON ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(49) XIANG SHU ALTERNATE BOARD MEMBER - FROM 09/20	2.00 0.00	X						0	0	0
(50) PRINCESS NOTHEMA SIMELELA ALTERNATE BOARD MEMBER - UNTIL 03/20	2.00 0.00	X						0	0	0
(51) WILLIAM SCHLUTER ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(52) BOUNKONG SYHAVONG ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(53) TAMAKA TSUKADA ALTERNATE BOARD MEMBER - UNTIL 09/20	2.00 0.00	X						0	0	0
(54) CARMEN COLES TULL ALTERNATE BOARD MEMBER - FROM 06/20	2.00 0.00	X						0	0	0
(55) JOAN VALADOU ALTERNATE BOARD MEMBER - FROM 01/20	2.00 0.00	X						0	0	0
(56) AN VERMEESCH ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(57) RAFAEL VILASANJUAN ALTERNATE BOARD MEMBER - FROM 03/20	2.00 0.00	X						0	0	0
(58) DR SETH BERKLEY CHIEF EXECUTIVE OFFICER	47.50 2.50			X				649,860	0	114,672
(59) ASSIETOU DIOUF MNG DIR, FIN & OPS.	47.50 2.50			X				225,405	0	70,451
(60) PHILIP ARMSTRONG DIRECTOR, GOVERNANCE- UNTIL 07/2020	50.00 0.00			X				184,128	0	44,066
(61) BRENDA KILLEN DIRECTOR, GOVERNANCE - AS OF 07/2020	44.00 6.00			X				167,841	0	33,158
(62) ANURADHA GUPTA DEPUTY CHIEF EXECUTIVE OFFICER	48.50 1.50				X			350,823	0	85,852
(63) PASCAL BAROLLIER MANAGING DIR, PUBLIC ENGAGEMENT	50.00 0.00				X			259,656	0	81,522
(64) MARIE-ANGE SARAKA-YAO MANAGING DIR, RES MOBL./PARTNERSHIPS	50.00 0.00				X			265,703	0	65,071
(65) THABANI MAPHOSA MANAGING DIR, COUNTRY PROGRAM	50.00 0.00				X			268,660	0	61,470
(66) AURELIA NGUYEN OFFICE OF THE COVAX FACILITY	50.00 0.00				X			262,206	0	67,898
(67) SIMON LAMB MNG DIR, AUDIT & INVESTIGATIONS	50.00 0.00					X		281,919	0	72,844
(68) ELIZABETH DAVIES HEAD HUMAN RESOURCES	50.00 0.00					X		311,792	0	39,388
(69) ALEX DE FAUQUE DE JONQUIERES DIR. HEALTH SYS. & IMMUNE. STRENGTH.	50.00 0.00					X		278,106	0	63,861
(70) EDMUND GROVE DIRECTOR PROGRAMME AUDIT	50.00 0.00					X		271,918	0	62,244
(71) ANDREW MENDS DIRECTOR OPERATIONS	50.00 0.00					X		270,714	0	61,916
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,048,731	0	924,413

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 286

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HELVETIC PAYROLL SA RUE DU LAUSANNE 44 GENEVA SZ	TEMPORARY STAFFING	3,406,083
MCKINSEY AND COMPANY INC BLEICHERWEG 20 ZURICH SZ	CONSULTING SERVICES	1,850,680
TECH MAHINDRA LIMITED OFF KARVE ROAD PUNE 411004 IN	IT SERVICES	1,664,253
LINKLATERS LLP 1 ONE SILK STREET LONDON EC2Y 8HQ UK	LEGAL SERVICES	666,384
SAP SCHWEIZ AG LEUGENESTRASSE 6 BIEL SZ	IT SERVICES	665,981

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 94

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	210,364,608			
	e Government grants (contributions)	1e	1,918,382,951			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	304,955,836			
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h **Total.** Add lines 1a-1f		2,433,703,395			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,200,090			16,200,090
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	3,104,299,333	18,267		
	b Less: cost or other basis and sales expenses	7b	3,097,652,894	0		
	c Gain or (loss)	7c	6,646,439	18,267		
	d Net gain or (loss)			6,664,706		6,664,706
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less					

returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a OTHER INCOME		900099	27,180			27,180
b FC TRANSLATION ADJ.		900099	-125,427,098			-125,427,098
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . . ▶			-125,399,918			
12 **Total revenue.** See instructions . . . . . ▶			2,331,168,273	0	0	-102,535,122

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	106,426,876	106,426,876		
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.	1,907,689,048	1,907,689,048		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,258,442	1,897,390	825,364	535,688
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,214,374	22,251,635	9,678,301	6,284,438
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,646,702	4,452,556	1,936,630	1,257,516
9 Other employee benefits	7,948,613	4,628,360	2,013,107	1,307,146
10 Payroll taxes	793,743	462,185	201,028	130,530
11 Fees for services (non-employees):				
a Management				
b Legal	627,478		627,478	
c Accounting	559,977		559,977	
d Lobbying	301,200	141,429	80,152	79,619
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,957,757		4,957,757	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,281,681	13,055,185	5,040,228	6,186,268
12 Advertising and promotion	459,779	70,651	14,597	374,531
13 Office expenses	3,281,694	1,956,834	801,445	523,415
14 Information technology	3,117,390	1,953,708	652,231	511,451
15 Royalties				
16 Occupancy	3,608,981	2,151,993	881,373	575,615
17 Travel	850,566	520,188	140,251	190,127
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,160,726	320,549	259,008	581,169
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	698,008	416,214	170,465	111,329
23 Insurance	303,434	180,934	74,104	48,396
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING & RECRUITMENT	771,969		771,969	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,116,958,438	2,068,575,735	29,685,465	18,697,238
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).	24,780,943	15,518,304	5,201,774	4,060,865

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		87,205,681	1	99,277,038
	2	Savings and temporary cash investments		1,411,755,626	2	3,187,411,270
	3	Pledges and grants receivable, net		1,475,333,817	3	1,475,819,226
	4	Accounts receivable, net			4	
	5	Loans and other 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		54,225,712	9	351,028,735
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,990,511			
	b	Less: accumulated depreciation	10b 8,052,478	2,354,768	10c	1,938,033
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,136,169,765	12	1,326,662,408
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		74,213,573	15	454,705,417
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		4,241,258,942	16	6,896,842,127
Liabilities	17	Accounts payable and accrued expenses		25,772,660	17	17,946,918
	18	Grants payable		246,809,463	18	117,860,164
	19	Deferred revenue		145,215,800	19	127,112,753
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		653,867,956	25	3,126,884,648
	26	**Total liabilities.** Add lines 17 through 25		1,071,665,879	26	3,389,804,483
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,051,335,679	27	1,643,920,333
	28	Net assets with donor restrictions		1,118,257,384	28	1,863,117,311
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		3,169,593,063	32	3,507,037,644
	33	Total liabilities and net assets/fund balances		4,241,258,942	33	6,896,842,127

Part XI Reconcilliation 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	2,331,168,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,116,958,438
3	Revenue less expenses. Subtract line 2 from line 1	3	214,209,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,169,593,063
5	Net unrealized gains (losses) on investments	5	107,016,869
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 in Schedule O)	9	16,217,877
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	3,507,037,644

Part 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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

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

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

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.)

1 ☐ 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).**

4 ☐ 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:

5 ☐ 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).**

7 ☑ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **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 university:

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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,588,607,491	614,655,000	596,158,662	800,186,577	2,433,703,395	6,033,311,125
2 Tax revenues levied for the organization'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	1,588,607,491	614,655,000	596,158,662	800,186,577	2,433,703,395	6,033,311,125
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). .						695,485,156
6 **Public support.** Subtract line 5 from line 4.						5,337,825,969

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	1,588,607,491	614,655,000	596,158,662	800,186,577	2,433,703,395	6,033,311,125
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	11,971,776	17,988,337	29,223,123	31,105,860	16,200,090	106,489,186
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.). .	175,353	542,556	430,236	274,962	27,180	1,450,287
11 **Total support.** Add lines 7 through 10						6,141,250,598

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	**14**	86.920 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	**15**	74.750 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(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 organization'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. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
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.						
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2019 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *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 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, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			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 the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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**		

Section 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)**:

- **a** ☐ 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.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	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 that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, 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.**

a	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* ***Part VI.***	**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* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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**		

Section 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):	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**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**		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2	Enter 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-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide 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 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**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
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: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c 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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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 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 additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2016 AMOUNT: $ 47,926. 2017 AMOUNT: $ 407,132. 2018 AMOUNT: $ 295,261. 2019 AMOUNT: $ 266,165. 2020 AMOUNT: $ 27,180. PARKING FEES - 2016 AMOUNT: $ 127,427. 2017 AMOUNT: $ 135,424. 2018 AMOUNT: $ 134,975. 2019 AMOUNT: $ 8,797. 2020 AMOUNT: $ 0.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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 any one 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization 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), but it **must** answer "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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ 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 ☐ 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 ☐ 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 ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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) 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
		$	

Name of organization
GAVI ALLIANCE

Employer identification number
98-0593375

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 $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

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) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public 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 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
GAVI ALLIANCE	98-0593375

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(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-.
1					
2					
3					
4					
5					
6					

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f 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.
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.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j 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** ☐ **No**

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 (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e 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)).

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		301,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			301,200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	FEES WERE PAID FOR: 1. PRESENTATION AND OUTREACH TO MEMBERS OF THE CONGRESS AND STAFF OF THE HOUSE AND SENATE COMMITTEES ON APPROPRIATIONS, AND ANY OTHER COMMITTEES NEEDED, TO REQUEST SUPPORT FOR THE GAVI ALLIANCE; AND 2. SUPPORT AND GUIDANCE TO GAVI ALLIANCE IN POSITIONING THE ORGANIZATION WITH THE ADMINISTRATION, AND OUTREACH TO MEMBERS OF THE CONGRESS AND STAFF ON VARIOUS COMMITTEES.

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements		1,185,226	349,413	835,813
d Equipment		1,219,941	1,122,227	97,714
e Other		7,585,344	6,580,838	1,004,506
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				1,938,033

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS	917,501,850	F
(B) REGISTERED INVESTMENT COMPANIES	409,160,558	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,326,662,408	

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-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)OTHER ASSETS	48,093,162
(2)CURRENCY FORWARD CONTRACTS	3,886,378
(3)OPERATING LEASE RIGHT OF USE ASSET	21,363,878
(4)DUE FROM GAVI AFFILIATES	160,986,964
(5)RECEIVABLE ON COVAX FACILITY ARRANGEMENTS	220,375,035
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	454,705,417

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,126,884,648

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
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	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part 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.

Return Reference	Explanation
PART X, LINE 2:	GAVI IS EXEMPT FROM INCOME TAXES IN EACH OF THE JURISDICTIONS IN WHICH IT HAS OPERATIONS. US GAAP REQUIRES THAT FINANCIAL STATEMENTS REFLECT THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS THAT AN ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN, PRESUMING THE TAX AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. US GAAP ALSO REQUIRES THAT AN ENTITY RECOGNISE THE BENEFIT OF TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE PROVISION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. THE GAVI PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED 31 DECEMBER 2020 AND 2019 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF 31 DECEMBER 2020, THE STATUTES OF LIMITATIONS FOR TAX YEARS 2017 THROUGH 2019 REMAIN OPEN WITH THE UNITED STATES FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE GAVI FILES TAX RETURNS. IT IS THE GAVI GROUP'S POLICY TO RECOGNISE INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AS OF 31 DECEMBER 2020 AND 2019, THE GAVI HAD NO ACCRUED INTEREST OR PENALTIES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		134,378,724
(2)	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		864,621,258
(3)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		418,851,978
(4)	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		76,056,850
(5)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		13,925,834
(6)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		26,260,301
(7)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,459,951
(8)	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,002,481
(9)	VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS LOCATED IN VARIOUS REGIONS		367,131,492
(10)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,598,387,140
(11)	EUROPE (INCLUDING ICELAND & GREENLAND)	1	267	PROGRAM SERVICES	COUNTRY PROGRAMMES MGMT. & OVERSIGHT, POLICY & PERFORMANCE, AND OPERATIONS	53,021,756
(12)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		18,697,238
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			1,540,557,377
b	Total from continuation sheets to Part I . . .	1	267			4,037,237,626
c	**Totals** (add lines 3a and 3b)	1	267			5,577,795,003

Part III Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

(1) Name of organization	(2) IRS code section and EIN (if applicable)	(3) Region	(4) Purpose of grant	(5) Amount of cash grant	(6) Manner of cash disbursement	(7) Amount of noncash assistance	(8) Description of noncash assistance	(9) Method of valuation (book, FMV, appraisal, other)
1 (a)		SOUTH ASIA	COUNTRY PROGRAMMES	5,909,998	BOARD APPROVAL/WIRE TRANSFER	14,178,378	VACCINE SUPPORT	FMV
2 (b)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,701,954	BOARD APPROVAL/WIRE TRANSFER	0		
3 (c)		RUSSIA AND NEIGHBORING STATES	COUNTRY PROGRAMMES			202,413	VACCINE SUPPORT	FMV
4 (d)		SOUTH ASIA	COUNTRY PROGRAMMES	20,491,983	BOARD APPROVAL/WIRE TRANSFER	44,883,053	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
5 (e)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,369,592	BOARD APPROVAL/WIRE TRANSFER	15,044,902	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
6 (f)		SOUTH ASIA	COUNTRY PROGRAMMES			79,914	VACCINE SUPPORT	FMV
7 (g)		SOUTH AMERICA	COUNTRY PROGRAMMES			914,795	VACCINE SUPPORT	FMV
8 (h)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,671,139	BOARD APPROVAL/WIRE TRANSFER	11,252,579	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
9 (i)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	3,233,899	BOARD APPROVAL/WIRE TRANSFER	8,317,638	VACCINE SUPPORT & COLD CHAIN	FMV
10 (j)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	2,915,383	BOARD APPROVAL/WIRE TRANSFER	5,368,567	VACCINE SUPPORT & COLD CHAIN	FMV
11 (k)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			4,101,168	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
12 (l)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	10,630,062	BOARD APPROVAL/WIRE TRANSFER	12,006,342	VACCINE SUPPORT & COLD CHAIN EQUIP., & YELLOW FEVER DIAG.	FMV
13 (m)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			19,400,283	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
14 (n)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	739,153	BOARD APPROVAL/WIRE TRANSFER	823,314	VACCINE SUPPORT	FMV
15 (o)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	2,236,653	BOARD APPROVAL/WIRE TRANSFER	1,237,353	VACCINE SUPPORT & COLD CHAIN EQUIP., & YELLOW FEVER DIAG.	FMV
16 (p)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	51,747,659	BOARD APPROVAL/WIRE TRANSFER	90,367,723	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
17 (q)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	8,414,762	BOARD APPROVAL/WIRE TRANSFER	18,936,634	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
18 (r)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES			173,284	VACCINE SUPPORT	FMV
19 (s)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	541,847	BOARD APPROVAL/WIRE TRANSFER	252,134	VACCINE SUPPORT	FMV
20 (t)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	10,232,157	BOARD APPROVAL/WIRE TRANSFER	2,164,544	VACCINE SUPPORT	FMV
21 (u)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	26,175,742	BOARD APPROVAL/WIRE TRANSFER	56,322,857	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
22 (v)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	361,735	BOARD APPROVAL/WIRE TRANSFER	1,259,778	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
23 (w)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			9,113,314	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
24 (x)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,885,764	BOARD APPROVAL/WIRE TRANSFER	2,579,993	VACCINE SUPPORT & COLD CHAIN	FMV
25 (y)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	550,349	BOARD APPROVAL/WIRE TRANSFER	1,188,353	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
26 (z)		SOUTH AMERICA	COUNTRY PROGRAMMES			47,650	VACCINE SUPPORT	FMV
27 (aa)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES			3,506,482	VACCINE SUPPORT	FMV
28 (ab)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES			769,572	VACCINE SUPPORT	FMV
29 (ac)		SOUTH ASIA	COUNTRY PROGRAMMES			70,071,711	VACCINE SUPPORT	FMV
30 (ad)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES			254,581	VACCINE SUPPORT	FMV
31 (ae)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,371,104	BOARD APPROVAL/WIRE TRANSFER	25,570,743	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
32 (af)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES			13,782	VACCINE SUPPORT	FMV
33 (ag)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	343,057	BOARD APPROVAL/WIRE TRANSFER	1,359,954	VACCINE SUPPORT & COLD CHAIN	FMV
34 (ah)		RUSSIA AND NEIGHBORING STATES	COUNTRY PROGRAMMES	1,312,810	BOARD APPROVAL/WIRE TRANSFER	1,941,910	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
35 (ai)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	1,228,022	BOARD APPROVAL/WIRE TRANSFER	2,646,529	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
36 (aj)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			504,875	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
37 (ak)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,016,809	BOARD APPROVAL/WIRE TRANSFER	4,002,709	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
38 (al)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			16,515,468	VACCINE SUPPORT	FMV
39 (am)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,312,809	BOARD APPROVAL/WIRE TRANSFER	16,813,063	VACCINE SUPPORT	FMV
40 (an)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	9,541,617	BOARD APPROVAL/WIRE TRANSFER	12,202,057	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
41 (ao)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	1,799,668	BOARD APPROVAL/WIRE TRANSFER	3,644,344	VACCINE SUPPORT & COLD CHAIN	FMV
42 (ap)		RUSSIA AND NEIGHBORING STATES	COUNTRY PROGRAMMES			126,822	VACCINE SUPPORT	FMV
43 (aq)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	103,449	BOARD APPROVAL/WIRE TRANSFER	1,312,462	VACCINE SUPPORT & COLD CHAIN	FMV
44 (ar)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	6,852,570	BOARD APPROVAL/WIRE TRANSFER	9,090,873	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
45 (as)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	24,262,688	BOARD APPROVAL/WIRE TRANSFER	26,857,107	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
46 (at)		SOUTH ASIA	COUNTRY PROGRAMMES	241,272	BOARD APPROVAL/WIRE TRANSFER	7,877,079	VACCINE SUPPORT	FMV
47 (au)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES			1,010,614	VACCINE SUPPORT	FMV
48 (av)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	4,654,850	BOARD APPROVAL/WIRE TRANSFER	13,055,188	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
49 (aw)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	30,039,747	BOARD APPROVAL/WIRE TRANSFER	116,496,328	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
50 (ax)		SOUTH ASIA	COUNTRY PROGRAMMES	26,102,398	BOARD APPROVAL/WIRE TRANSFER	225,363,637	VACCINE SUPPORT	FMV
51 (ay)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	6,392,667	BOARD APPROVAL/WIRE TRANSFER	850,780	VACCINE SUPPORT & COLD CHAIN	FMV
52 (az)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	2,758,358	BOARD APPROVAL/WIRE TRANSFER	6,110,574	VACCINE SUPPORT & COLD CHAIN	FMV
53 (ba)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			173,348	VACCINE SUPPORT	FMV
54 (bb)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,009,621	BOARD APPROVAL/WIRE TRANSFER	13,737,238	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
55 (bc)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	2,986,528	BOARD APPROVAL/WIRE TRANSFER	2,592,699	VACCINE SUPPORT & COLD CHAIN	FMV
56 (bd)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			89,830	VACCINE SUPPORT & COLD CHAIN	FMV
57 (be)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,908,000	BOARD APPROVAL/WIRE TRANSFER	1,481,664	VACCINE SUPPORT & COLD CHAIN	FMV
58 (bf)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES			307,157	VACCINE SUPPORT & COLD CHAIN	FMV
59 (bg)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	729,000	BOARD APPROVAL/WIRE TRANSFER	1,358,099	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
60 (bh)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES			19,911,808	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
61 (bi)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES			1,441,838	VACCINE SUPPORT & COLD CHAIN	FMV
62 (bj)		RUSSIA AND NEIGHBORING STATES	COUNTRY PROGRAMMES	6,047,986	BOARD APPROVAL/WIRE TRANSFER	5,711,453	VACCINE SUPPORT & COLD CHAIN	FMV
63 (bk)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	3,264,619	BOARD APPROVAL/WIRE TRANSFER	30,594,944	VACCINE SUPPORT & COLD CHAIN	FMV
64 (bl)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES			47,667	VACCINE SUPPORT & COLD CHAIN	FMV
65 (bm)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	134,999	BOARD APPROVAL/WIRE TRANSFER	2,275,944	VACCINE SUPPORT & YELLOW FEVER DIAGNOSTICS	FMV
66 (bn)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	10,741,137	BOARD APPROVAL/WIRE TRANSFER	29,156,199	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
67 (bo)		RUSSIA AND NEIGHBORING STATES	COUNTRY PROGRAMMES	4,957,238	BOARD APPROVAL/WIRE TRANSFER	6,163,684	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
68 (bp)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	259,000	BOARD APPROVAL/WIRE TRANSFER	4,640,711	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
69 (bq)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES			12,484,003	VACCINE SUPPORT & COLD CHAIN	FMV
70 (br)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,287,870	BOARD APPROVAL/WIRE TRANSFER	17,156,872	VACCINE SUPPORT & COLD CHAIN	FMV
71 (bs)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	12,742,134	BOARD APPROVAL/WIRE TRANSFER	13,759,713	VACCINE SUPPORT & COLD CHAIN EQUIPMENT	FMV
72 (bt)		VARIOUS REGIONS	INVESTMENT IN GAVI, VACCINE RELATED PROGRAMME	0		115,396,196	VACCINE SUPPORT	FMV
73 (bu)		VARIOUS REGIONS	POL, VACCINE RELATED PROGRAMME	0		51,650,797	VACCINE SUPPORT	FMV
74 (bv)		VARIOUS REGIONS	VACCINE RESEARCH AND DEVELOPMENT ACTIVITIES	209,084,522	BOARD APPROVAL/WIRE TRANSFER	0		
75 (bw)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	3,393,259	BOARD APPROVAL/WIRE TRANSFER	0		
76 (bx)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	318,929	BOARD APPROVAL/WIRE TRANSFER	0		
77 (by)		SUB-SAHARAN AFRICA	WORK PLAN	149,214	BOARD APPROVAL/WIRE TRANSFER	0		
78 (bz)		SUB-SAHARAN AFRICA	WORK PLAN	33,983	BOARD APPROVAL/WIRE TRANSFER	0		
79 (ca)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	590,311	BOARD APPROVAL/WIRE TRANSFER	0		
80 (cb)		SUB-SAHARAN AFRICA	WORK PLAN	896,949	BOARD APPROVAL/WIRE TRANSFER	0		
81 (cc)		SUB-SAHARAN AFRICA	WORK PLAN	26,795	BOARD APPROVAL/WIRE TRANSFER	0		
82 (cd)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	1,000	BOARD APPROVAL/WIRE TRANSFER	0		
83 (ce)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	253,923	BOARD APPROVAL/WIRE TRANSFER	0		
84 (cf)		SUB-SAHARAN AFRICA	WORK PLAN	37,210	BOARD APPROVAL/WIRE TRANSFER	0		
85 (cg)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	68,000	BOARD APPROVAL/WIRE TRANSFER	0		
86 (ch)		SUB-SAHARAN AFRICA	WORK PLAN	177,543	BOARD APPROVAL/WIRE TRANSFER	0		
87 (ci)		SUB-SAHARAN AFRICA	WORK PLAN	334,274	BOARD APPROVAL/WIRE TRANSFER	0		
88 (cj)		SOUTH ASIA	WORK PLAN	77,430	BOARD APPROVAL/WIRE TRANSFER	0		
89 (ck)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	1,944,567	BOARD APPROVAL/WIRE TRANSFER	0		
90 (cl)		SUB-SAHARAN AFRICA	WORK PLAN	2,160	BOARD APPROVAL/WIRE TRANSFER	0		
91 (cm)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	139,240	BOARD APPROVAL/WIRE TRANSFER	0		
92 (cn)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	20,399	BOARD APPROVAL/WIRE TRANSFER	0		
93 (co)		SUB-SAHARAN AFRICA	WORK PLAN	112,248	BOARD APPROVAL/WIRE TRANSFER	0		
94 (cp)		EAST ASIA AND THE PACIFIC	WORK PLAN	137,968	BOARD APPROVAL/WIRE TRANSFER	0		
95 (cq)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	297,467	BOARD APPROVAL/WIRE TRANSFER	0		
96 (cr)		SUB-SAHARAN AFRICA	WORK PLAN	176,344	BOARD APPROVAL/WIRE TRANSFER	0		
97 (cs)		SUB-SAHARAN AFRICA	WORK PLAN	711,048	BOARD APPROVAL/WIRE TRANSFER	0		
98 (ct)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	848,658	BOARD APPROVAL/WIRE TRANSFER	0		
99 (cu)		SOUTH ASIA	WORK PLAN	2,428,307	BOARD APPROVAL/WIRE TRANSFER	0		
100 (cv)		SUB-SAHARAN AFRICA	WORK PLAN	60,544	BOARD APPROVAL/WIRE TRANSFER	0		
101 (cw)		SUB-SAHARAN AFRICA	WORK PLAN	225,105	BOARD APPROVAL/WIRE TRANSFER	0		
102 (cx)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	1,300,000	BOARD APPROVAL/WIRE TRANSFER	0		
103 (cy)		SUB-SAHARAN AFRICA	WORK PLAN	391,448	BOARD APPROVAL/WIRE TRANSFER	0		
104 (cz)		SUB-SAHARAN AFRICA	WORK PLAN	44,080	BOARD APPROVAL/WIRE TRANSFER	0		
105 (da)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	339,328	BOARD APPROVAL/WIRE TRANSFER	0		
106 (db)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	32,042	BOARD APPROVAL/WIRE TRANSFER	0		
107 (dc)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	119,937	BOARD APPROVAL/WIRE TRANSFER	0		
108 (dd)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	145,409	BOARD APPROVAL/WIRE TRANSFER	0		
109 (de)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	17,500	BOARD APPROVAL/WIRE TRANSFER	0		
110 (df)		SUB-SAHARAN AFRICA	WORK PLAN	141,208	BOARD APPROVAL/WIRE TRANSFER	0		
111 (dg)		SOUTH ASIA	WORK PLAN	476,468	BOARD APPROVAL/WIRE TRANSFER	0		
112 (dh)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	1,211,885	BOARD APPROVAL/WIRE TRANSFER	0		
113 (di)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	115,958	BOARD APPROVAL/WIRE TRANSFER	0		
114 (dj)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	38,823	BOARD APPROVAL/WIRE TRANSFER	0		
115 (dk)		SUB-SAHARAN AFRICA	WORK PLAN	254,718	BOARD APPROVAL/WIRE TRANSFER	0		
116 (dl)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	168,169	BOARD APPROVAL/WIRE TRANSFER	0		
117 (dm)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	251,053	BOARD APPROVAL/WIRE TRANSFER	0		
118 (dn)		SUB-SAHARAN AFRICA	WORK PLAN	58,000	BOARD APPROVAL/WIRE TRANSFER	0		
119 (do)		EAST ASIA AND THE PACIFIC	WORK PLAN	559,444	BOARD APPROVAL/WIRE TRANSFER	0		
120 (dp)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	46,448	BOARD APPROVAL/WIRE TRANSFER	0		
121 (dq)		SUB-SAHARAN AFRICA	WORK PLAN	195,484	BOARD APPROVAL/WIRE TRANSFER	0		
122 (dr)		SUB-SAHARAN AFRICA	WORK PLAN	142,833	BOARD APPROVAL/WIRE TRANSFER	0		
123 (ds)		SUB-SAHARAN AFRICA	WORK PLAN	119,833	BOARD APPROVAL/WIRE TRANSFER	0		
124 (dt)		SUB-SAHARAN AFRICA	WORK PLAN	1,000	BOARD APPROVAL/WIRE TRANSFER	0		
125 (du)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	229,767	BOARD APPROVAL/WIRE TRANSFER	0		
126 (dv)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	430,000	BOARD APPROVAL/WIRE TRANSFER	0		
127 (dw)		SUB-SAHARAN AFRICA	WORK PLAN	448,168	BOARD APPROVAL/WIRE TRANSFER	0		
128 (dx)		SUB-SAHARAN AFRICA	WORK PLAN	251,153	BOARD APPROVAL/WIRE TRANSFER	0		
129 (dy)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	1,518,197	BOARD APPROVAL/WIRE TRANSFER	0		
130 (dz)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	186,085	BOARD APPROVAL/WIRE TRANSFER	0		
131 (ea)		SUB-SAHARAN AFRICA	WORK PLAN	302,318	BOARD APPROVAL/WIRE TRANSFER	0		
132 (eb)		SOUTH ASIA	WORK PLAN	504,958	BOARD APPROVAL/WIRE TRANSFER	0		
133 (ec)		EAST ASIA AND THE PACIFIC	WORK PLAN	57,122	BOARD APPROVAL/WIRE TRANSFER	0		
134 (ed)		SOUTH ASIA	WORK PLAN	172,278	BOARD APPROVAL/WIRE TRANSFER	0		
135 (ee)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	2,365,959	BOARD APPROVAL/WIRE TRANSFER	0		
136 (ef)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	26,540,000	BOARD APPROVAL/WIRE TRANSFER	0		
137 (eg)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	2,255,825	BOARD APPROVAL/WIRE TRANSFER	0		
138 (eh)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	705,274	BOARD APPROVAL/WIRE TRANSFER	0		
139 (ei)		SUB-SAHARAN AFRICA	WORK PLAN	262,172	BOARD APPROVAL/WIRE TRANSFER	0		
140 (ej)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	91,770,880	BOARD APPROVAL/WIRE TRANSFER	0		
141 (ek)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	109,702	BOARD APPROVAL/WIRE TRANSFER	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 24

3 Enter total number of other organizations or entities 117

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☑ Yes	☐ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	GAVI MONITORS THE USE OF GRANT SUPPORT AND PROTECTS AGAINST CORRUPTION AND FRAUD THROUGH COLLABORATION WITH PARTNERS, THROUGH THE MAINTENANCE AND IMPLEMENTATION OF ROBUST POLICIES AND PROCEDURES, GRANT TERMS AND CONDITIONS, AND AN AUDIT AND INVESTIGATIONS FUNCTION. POLICIES AND PROCEDURES: ALL APPLICATIONS FOR NEW SUPPORT, AND REQUESTS FOR CONTINUED SUPPORT, REQUIRE AN ENDORSEMENT AND SIGNATURES FROM A NATIONAL COORDINATION BODY WHICH IN THE CASE OF NEW VACCINES SUPPORT, IS THE INTER-AGENCY COORDINATION COMMITTEE (ICC). THE ICC INCLUDES ON ITS MEMBERSHIP, IN ADDITION TO HIGH LEVEL REPRESENTATION OF THE GOVERNMENT OF GAVI COUNTRIES, GAVI PARTNERS SUCH AS THE WORLD HEALTH ORGANIZATION, UNICEF, NONGOVERNMENTAL ORGANIZATIONS AND DONOR GOVERNMENTS. IN THE CASE OF CASH SUPPORT FOR HEALTH SYSTEM STRENGTHENING, ENDORSEMENT IS REQUIRED FROM THE HEALTH SECTOR COORDINATION COMMITTEE (HSCC) OR OTHER SIMILAR INTER-AGENCY COMMITTEE WHICH ALSO INCLUDES THE GOVERNMENT, BILATERAL, MULTILATERAL AGENCIES AND CIVIL SOCIETY REPRESENTATIVES. IN ADDITION, THE APPLICATIONS SUBMITTED MUST INCLUDE THE SIGNATURES OF THE MINISTER OF HEALTH AND THE MINISTER OF FINANCE. THE GAVI NEW APPLICATIONS GUIDELINES PROVIDE DETAILS ON GAVI SUPPORT, INCLUDING GENERAL PRINCIPLES AND THE PROCESS FOR APPLYING AND MONITORING ACTIVITIES. A PARTNERSHIP FRAMEWORK AGREEMENT IS ENTERED INTO BETWEEN GAVI AND COUNTRIES THAT SETS OUT THE TERMS AND CONDITIONS GOVERNING GAVI SUPPORT. THE MAIN TOOLS/APPROACHES USED BY GAVI TO MONITOR THE USE OF GAVI SUPPORT ARE THE FOLLOWING: (1) IN-COUNTRY COORDINATING AND SUPERVISORY COMMITTEES (ICC AND HSCC); (2) ROUTINE MONITORING MISSIONS IN-COUNTRY, LED BY SENIOR COUNTRY MANAGERS, WORKING WITH PARTNERS AND IN-COUNTRY COUNTERPARTS AS WELL AS FORMAL ANNUAL JOINT APPRAISALS THAT REVIEW PERFORMANCE OF ALL GRANTS; (3) FOR CASH GRANTS - ONGOING INTERNAL AND PERIODIC EXTERNAL AUDITS ON TOP OF ROUTINE FINANCIAL REPORTING REQUIREMENTS; (4) THE PROGRAMME CAPACITY ASSESSMENTS THAT INDEPENDENTLY ASSESS FINANCIAL MANAGEMENT ARRANGEMENTS AND PROGRAMMATIC/MANAGEMENT CAPACITIES IN-COUNTRY AS WELL AS INVESTIGATIONS IN CASES OF SUSPECTED OR ACTUAL MISUSE OF FUNDS; AND (5) ROUTINE QUANTITATIVE AND QUALITATIVE REPORTING THROUGH GRANT PERFORMANCE FRAMEWORKS, REQUIRED REPORTS/EVALUATIONS/SURVEYS/ASSESSMENTS SUBMITTED TO GAVI BY RECIPIENT GOVERNMENTS AND ASSESSED BY THE HIGH-LEVEL REVIEW PANEL/SENIOR MANAGEMENT. COLLABORATION WITH PARTNERS: GAVI MAINTAINS FORMAL AND INFORMAL CONTACT WITH THE PARTNERS (THE BILL & MELINDA GATES FOUNDATION, UNICEF, WHO, THE WORLD BANK GROUP, CIVIL SOCIETY ORGANIZATIONS, IMPLEMENTING COUNTRY GOVERNMENTS, IMPLEMENTING COUNTRY PHARMACEUTICAL INDUSTRY, INDUSTRIALISED COUNTRY GOVERNMENTS, INDUSTRIALISED COUNTRY PHARMACEUTICAL INDUSTRY, RESEARCH AND TECHNICAL HEALTH INSTITUTES) AT VARIOUS LEVELS TO HELP ENSURE THAT RELEVANT INFORMATION ABOUT SUSPECTED AND ACTUAL CASES OF CORRUPTION AND MISUSE OF FUNDS IS SHARED ON A TIMELY BASIS. GAVI ENGAGES UNICEF, A KEY PARTNER IN GAVI, THE VACCINE ALLIANCE, FOR THE PURCHASE AND DELIVERY OF VACCINES. UNICEF MANAGES VACCINE LOGISTICS AND DELIVERY IN ACCORDANCE WITH ITS INTERNAL CONTROLS AND INTERNAL AND EXTERNAL AUDITS AS MANDATED BY ITS MEMBER STATES. GAVI AND UNICEF HAVE ENTERED INTO VARIOUS AGREEMENTS WHICH PROVIDE FOR CONFIRMATIONS, ASSURANCES AND INFORMATION REGARDING UNICEF ACTIVITIES CARRIED OUT ON BEHALF OF THE ALLIANCE. AUDIT AND INVESTIGATIONS: THE PRIMARY RESPONSIBILITY OF THE AUDIT AND INVESTIGATIONS FUNCTION IS TO EVALUATE AND THUS HELP STRENGTHEN RISK MANAGEMENT, CONTROL AND GOVERNANCE PROCESSES WITHIN THE SECRETARIAT, A RESPONSIBILITY WHICH EXTENDS TO THE PROGRAMS AND ACTIVITIES OF IMPLEMENTING COUNTRIES AND PARTNERS. THE MANAGING DIRECTOR OF AUDIT AND INVESTIGATION REPORTS TO GAVI'S BOARD OF DIRECTORS, WHICH IS ACHIEVED THROUGH ROUTINE REPORTING TO THE AUDIT AND FINANCE COMMITTEE, AND THE CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS SOLELY HAS THE AUTHORITY TO APPOINT AND TERMINATE THE MANAGING DIRECTOR OF AUDIT AND INVESTIGATIONS UPON THE RECOMMENDATION OF THE AUDIT AND FINANCE COMMITTEE. THE TRANSPARENCY AND ACCOUNTABILITY POLICY (TAP): THROUGH TAP, GAVI IS ABLE TO ENSURE THAT ALL GAVI SUPPORT AT COUNTRY LEVEL IS MANAGED IN A TRANSPARENT AND ACCOUNTABLE MANNER THROUGH SYSTEMS THAT INCLUDE APPROPRIATE OVERSIGHT MECHANISMS, AND THAT THE SUPPORT IS USED ACCORDING TO THE PROGRAMME OBJECTIVES AS OUTLINED IN INDIVIDUAL COUNTRY AGREEMENTS. THE POLICY GOVERNS THE TRANSPARENCY AND ACCOUNTABILITY ASPECTS OF GAVI SUPPORT PROVIDED IN THE FORM OF CASH, VACCINES AND VACCINE DEVICES AT COUNTRY LEVEL. THE PRINCIPLES GOVERNING TAP INCLUDE: RESPECT AID EFFECTIVENESS PRINCIPLES; FOCUS ON PREVENTION; RELATE MONITORING TO RISK; PROMOTE FLEXIBILITY AND COUNTRY OWNERSHIP; PROMOTE MUTUAL ACCOUNTABILITY; AND STRENGTHEN COUNTRY SYSTEMS. TAP AIMS TO RETAIN FLEXIBLE AND NON-PERSPECTIVE APPROACH TO ALLOW FOR DIFFERENCES IN COUNTRY CONTEXT AND ENHANCES CONTINUED EFFORTS BY GAVI TO SUPPORT SUSTAINABLE DEVELOPMENT OF COUNTRY CAPACITY.
PART I, LINE 3:	THE ALLIANCE REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.
PART III ACCOUNTING METHOD:	
PART I, LINE 3, COLUMN (D)	RECIPIENTS REFER TO COUNTRIES OR PARTNERS LOCATED IN THE REGION.
PART II, LINE 1	THE ALLIANCE REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT B SABIN VACCINE INSTITUTE 2000 PENSYLVANIA AVE NW SUITE 7100 WASHINGTON DC,DC 20006	06-1389829	501(C)(3)	123,557				PARTNER SUPPORT
(2) BIOSTAT GLOBAL CONSULTING LLC 330 BLANDFORD DR KILBOURNE VILLAGE WORTHINGTON,OH 43085	47-1274029		60,415				PARTNER SUPPORT
(3) BROWN CONSULTING GROUP INTERNATIONAL LLC 19701 BETHEL CHURCH ROAD STE 103 168 CORNELIUS,NC 28031			118,117				PARTNER SUPPORT
(4) CARDNO EMERGING MARKETS USA LTD COLONIAL PLACE III 2107 WILSON BOULEVARD SUITE 800 ARLINGTON,VA 22201			278,555				PARTNER SUPPORT
(5) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE,MD 21201	13-5563422	501(C)(3)	40,094				PARTNER SUPPORT
(6) CENTERS FOR DISEASE CONTROL AND PREVENTION 1600 CLIFTON ROAD ATLANTA,GA 30303		CDC	2,586,854				PARTNER SUPPORT
(7) CDC FOUNDATION 600 PEACHTREE ST NE SUITE 1000 ATLANTA,GA 30303	58-2106707	501(C)(3)	5,350,451				PARTNER SUPPORT
(8) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVENUE SUITE 400 BOSTON,MA 02127	27-1414646	501(C)(3)	3,439,868				PARTNER SUPPORT
(9) FRAYM INC 3101 WILSON BLVD SUITE 300 ARLINGTON,VA 22201	81-3857001		67,500				PARTNER SUPPORT
(10) GLOBAL DEVELOPMENT SUPPORT 1300 L STREET NW SUITE 920 WASHINGTON DC,DC 20005			82,718				PARTNER SUPPORT
(11) HARVARD - PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSSETS AVENUE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	9,728				PARTNER SUPPORT
(12) JHPIEGO	23-7424444	501(C)(3)	1,200,330				PARTNER SUPPORT

1615 THAMES STREET BALTIMORE,MD 21231							
(13) JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET SUITE D200 BALTIMORE,MD 21218	52-0595110	501(C)(3)	534,104				PARTNER SUPPORT
(14) JSI RESEARCH & TRAINING INSTITUTE INC 2733 CRYSTAL DRIVE 4TH FLOOR ARLINGTON,VA 22202	04-2679824	501(C)(3)	4,564,165				PARTNER SUPPORT
(15) KATI COLLECTIVE INC 13346 108TH AVENUE SW VASHON,WA 98070			57,937				PARTNER SUPPORT
(16) LIVING GOODS 220 HALLECK ST SUITE 2008 SAN FRANCISCO,CA 94129	20-5010527	501(C)(3)	8,063				PARTNER SUPPORT
(17) MASTERCARD INTERNATIONAL INC 200 PURCHASE STREET NEW YORK,NY 10577	95-2536378		1,048,071				PARTNER SUPPORT
(18) NEXLEAF ANALYTICS 1964 WESTWOOD BLVD LOS ANGELES,CA 90025	90-0514027	501(C)(3)	1,278,797				PARTNER SUPPORT
(19) PAN AMERICAN SANITARY BUREAU 525 TWENTY-THIRD STEET NW WASHINGTON,DC 20037		PASB	870,980				PARTNER SUPPORT
(20) PATH 2201 WESTLAKE AVENUE SEATTLE,WA 98109	91-1157127	501(C)(3)	2,686,834				PARTNER SUPPORT
(21) PREMISE DATA CORPORATION 185 BERRY STREET SUITE 6850 SAN FRANCISCO,CA 94107	45-5294131		73,500				PARTNER SUPPORT
(22) RESULTS FOR DEVELOPMENT INSTITUTE 1111 19TH STREET NW SUITE 700 WASHINGTON,DC 20036	20-8530747	501(C)(3)	876,833				PARTNER SUPPORT
(23) TASK FORCE FOR GLOBAL HEALTH INC 330 WEST PONCE DE LEON AVENUE DECATUR,GA 30030	58-1698648	501(C)(3)	639,452				PARTNER SUPPORT
(24) THE ASPEN INSTITUTE 2300 N STREET NW SUITE 700 WASHINGTON,DC 20037	84-0399006	501(C)(3)	193,929				PARTNER SUPPORT
(25) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131ST STREET NEW YORK,NY 10027			1,869,183				PARTNER SUPPORT
(26) THE WORLD BANK (IBRD) 1818 H STREET WASHINGTON,DC 20433		THE WORLD BANK	7,361,004				PARTNER SUPPORT
(27) UNICEF 333 EAST 38TH STREET NEW YORK,NY 10116	13-1760110	501(C)(3)	66,234,203				PROCUREMENT FEE & PARTNER SUPPORT
(28) VILLAGE REACH 2900 EASTLAKE AVE E SUITE 230 SEATTLE,WA 98102	91-2083484	501(C)(3)	1,573,680				PARTNER SUPPORT
(29) YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	1,084,035				PARTNER SUPPORT
(30) ZENYSIS TECHNOLOGIES INC 2325 3RD ST NUMBER 213 SAN FRANCISCO,CA 94107			886,850				PARTNER SUPPORT
(31) ZIPLINE INTERNATIONAL INC 495 PINE AVENUE HALF MOON BAY,CA	45-3197601		850,000				PARTNER SUPPORT

94019							
(32) EMORY UNIVERSITY 201 DOWNMAN DR ATLANTA,GA 30322	58-0566256	501(C)(3)	358,598				PARTNER SUPPORT
(33) JOHN SNOW INC 44 FARNSWORTH STREET BOSTON,MA 02210	04-2578580		15,538				PARTNER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 19

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 14

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GAVI MONITORS THE USE OF GRANT FUNDS INSIDE THE US THROUGH THE FOLLOWING WAYS: (I) THROUGH ANNUAL TECHNICAL PROGRESS REPORTS AND CERTIFIED FINANCIAL REPORTS FROM GRANTEES THAT SUPPORT THE ACHIEVEMENT OF MILESTONES STIPULATED IN THE GRANT AGREEMENTS. REPORTS ARE RECEIVED AND REVIEWED BY THE GAVI POLICY AND PERFORMANCE TEAM; AND (II) THROUGH GRANT EVALUATIONS PERFORMED BY INDEPENDENT CONSULTANTS DURING THE CONTRACT PERIOD.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing 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.			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1DR SETH BERKLEY CHIEF EXECUTIVE OFFICER	(i)	416,357	16,490	217,013	93,826	20,846	764,532	0
	(ii)	0	0	0	0	0	0	0
2ANURADHA GUPTA DEPUTY CHIEF EXECUTIVE OFFICER	(i)	334,117	16,706	0	75,294	10,558	436,675	0
	(ii)	0	0	0	0	0	0	0
3SIMON LAMB MNG DIR, AUDIT & INVESTIGATIONS	(i)	276,391	5,528	0	62,286	10,558	354,763	0
	(ii)	0	0	0	0	0	0	0
4ELIZABETH DAVIES HEAD HUMAN RESOURCES	(i)	165,993	0	145,799	34,109	5,279	351,180	0
	(ii)	0	0	0	0	0	0	0
5ALEX DE FAUQUE DE JONQUIERES DIR. HEALTH SYS. & IMMUNE. STRENGTH.	(i)	226,260	0	51,846	49,524	14,337	341,967	0
	(ii)	0	0	0	0	0	0	0
6PASCAL BAROLLIER MANAGING DIR, PUBLIC ENGAGEMENT	(i)	259,656	0	0	58,187	23,335	341,178	0
	(ii)	0	0	0	0	0	0	0
7EDMUND GROVE DIRECTOR PROGRAMME AUDIT	(i)	220,072	0	51,846	47,907	14,337	334,162	0
	(ii)	0	0	0	0	0	0	0
8ANDREW MENDS DIRECTOR OPERATIONS	(i)	218,868	0	51,846	47,579	14,337	332,630	0
	(ii)	0	0	0	0	0	0	0
9MARIE-ANGE SARAKA-YAO MANAGING DIR, RES MOBL./PARTNERSHIPS	(i)	265,703	0	0	59,792	5,279	330,774	0
	(ii)	0	0	0	0	0	0	0
10THABANI MAPHOSA MANAGING DIR, COUNTRY PROGRAM	(i)	216,814	0	51,846	47,133	14,337	330,130	0
	(ii)	0	0	0	0	0	0	0
11AURELIA NGUYEN OFFICE OF THE COVAX FACILITY	(i)	262,206	0	0	58,840	9,058	330,104	0
	(ii)	0	0	0	0	0	0	0
12ASSIETOU DIOUF MNG DIR, FIN & OPS.	(i)	225,405	0	0	49,336	21,115	295,856	0
	(ii)	0	0	0	0	0	0	0
13PHILIP ARMSTRONG DIRECTOR, GOVERNANCE- UNTIL 07/2020	(i)	165,715	0	18,413	36,148	7,918	228,194	0
	(ii)	0	0	0	0	0	0	0
14BRENDA KILLEN DIRECTOR, GOVERNANCE - AS OF 07/2020	(i)	115,995	0	51,846	24,795	8,363	200,999	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 1A	UNDER AN AGREEMENT WITH THE SWISS GOVERNMENT, NON-SWISS EMPLOYEES OF THE GAVI ALLIANCE WORKING IN GENEVA, SWITZERLAND ARE EXEMPT FROM SWISS FEDERAL, CANTONAL AND COMMUNAL TAXES ON SALARIES AND ALLOWANCES PAID TO THEM BY THE GAVI ALLIANCE. AS THE GAVI ALLIANCE IN GENEVA OPERATES AN INTERNAL TAX SCHEME, EMPLOYEES OF SWISS NATIONALITY ARE ALSO EXEMPT FROM SWISS FEDERAL, CANTONAL AND COMMUNAL TAXES ON SALARIES AND ALLOWANCES PAID TO THEM BY THE GAVI ALLIANCE. TO ENSURE EQUITY AMONGST GAVI EMPLOYEES, CERTAIN ELIGIBLE EMPLOYEES WHO HAVE A FOREIGN TAX LIABILITY ON THEIR GAVI SALARY AND ALLOWANCES (E.G. US NATIONALS AND EMPLOYEES LIVING IN FRANCE) MAY RECEIVE ASSISTANCE FROM GAVI IN MEETING THEIR TAX OBLIGATIONS IN ACCORDANCE WITH GAVI'S FOREIGN TAX POLICY. IN ADDITION, FOR THE YEAR ENDED DECEMBER 31, 2020, THE CHIEF EXECUTIVE OFFICER RECEIVED A HOUSING ALLOWANCE WHICH WAS TREATED AS TAXABLE COMPENSATION.
SCHEDULE J, PART II, COLUMN (B)(III):	OTHER REPORTABLE COMPENSATION - THIS INCLUDES ALLOWANCES DUE TO EMPLOYEES UNDER GAVI'S HR POLICY, INCLUDING ALLOWANCES FOR RELOCATION, EDUCATION GRANT AND REIMBURSEMENT OF NON-SWISS TAXES ON GAVI INCOME.
SCHEDULE J, PART II:	GAVI REPORTED COMPENSATION ALL VALUES IN SWISS FRANCS (CHF) A B C D E F G BONUS OTHER REPORTED COMP RETIRE NONTAX BASE AND TAX EDU MENT ABLE COMP INC REIMB GRANT BENEFITS PLAN HEALTH INS DR. SETH BERKLEY 2019 384,832 0 155,929 48,400 18,000 86,723 14,112 2020 388,682 15,394 136,189 48,400 18,000 87,590 19,460 BRENDA KILLEN 2020 108,285 0 0 48,400 0 23,147 7,807 ASSIETOU DIOUF 2019 156,572 0 0 0 17,397 34,200 10,752 2020 210,423 0 0 0 0 46,057 19,712 PHILIP ARMSTRONG 2019 186,135 0 0 0 0 40,464 6,571 2020 154,700 0 17,189 0 0 33,475 7,392 ANURADHA GUPTA 2019 311,909 3,110 0 0 0 70,289 7,168 2020 311,909 15,595 0 0 0 70,289 9,856 THABANI MAPHOSA 2020 202,403 0 0 48,400 0 44,000 13,384 PASCAL BAROLLIER 2019 240,334 0 0 0 0 53,781 16,255 2020 242,397 0 0 0 0 54,319 21,784 MARIE-ANGE SARAKA-YAO 2019 245,930 0 0 0 0 55,265 3,584 2020 248,042 0 0 0 0 55,818 4,928 AURELIA NGUYEN 2019 234,760 0 0 0 0 52,314 6,132 2020 244,778 0 0 0 0 54,929 8,456 SIMON LAMB 2019 258,020 903 0 0 0 58,145 12,176 2020 258,020 5,160 0 0 0 58,146 9,856 ELIZABETH DAVIES 2020 154,960 0 0 136,108* 0 31,842 4,928 ALEX DE FAUQUE DE JONQUIERES 2019 207,789 0 0 48,400 0 45,325 9,716 2020 211,221 0 0 48,400 0 46,232 13,384 EDMUND GROVE 2019 203,684 0 0 48,400 0 44,279 9,716 2020 205,444 0 0 48,400 0 44,723 13,384 ANDREW MENDS 2020 204,320 0 0 48,400 0 44,417 13,384 * THIS AMOUNT REPRESENTS THE EDUCATION GRANT FOR TWO YEARS WHICH WAS EXCEPTIONALLY PAID IN ONE CALENDAR YEAR. THE CHF-USD EXCHANGE RATE IS 1.00698 IN 2019 AND 1.07120 IN 2020. THE FULL TEXT OF THE ABBREVIATED HEADINGS IN THE TABLE ABOVE ARE AS FOLLOWS: A - BASE COMPENSATION B - BONUS AND INCENTIVE "OTHER REPORTED COMPENSATION" INCLUDES THE FOLLOWING: C - US TAX REIMBURSEMENT D - EDUCATION GRANT E - OTHER BENEFITS F - RETIREMENT PLAN G - NON-TAXABLE HEALTH INSURANCE
SCHEDULE J, PART III:	ALL OF GAVI ALLIANCE'S HIGHEST COMPENSATED EMPLOYEES ARE BASED IN GENEVA, SWITZERLAND. THESE EMPLOYEES' SALARIES REFLECTED THE COST OF LIVING IN GENEVA AND INCLUDE BENEFITS SUCH AS EDUCATION GRANT. THE BENEFITS PROVIDED TO EMPLOYEES ARE COMPARABLE TO THOSE PROVIDED BY OTHER INTERNATIONAL NOT-FOR-PROFIT ORGANISATIONS.

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Return Reference	Explanation
FORM 990, PART III, LINE 2	IN APRIL 2020, THE WORLD HEALTH ORGANIZATION ("WHO") HOSTED THE LAUNCH OF THE ACCESS TO COVID-19 TOOLS ("ACT") ACCELERATOR, A NEW GLOBAL COLLABORATION TO ACCELERATE DEVELOPMENT, PRODUCTION, AND EQUITABLE ACCESS TO COVID-19 DIAGNOSTICS, THERAPEUTICS AND VACCINES. WITHIN THE ACCELERATOR, GAVI ALLIANCE ("GAVI"), THE COALITION FOR EPIDEMIC PREPAREDNESS INNOVATIONS ("CEPI") AND WHO TOGETHER WITH MULTINATIONAL AND DEVELOPING COUNTRY VACCINE MANUFACTURERS ARE WORKING ON THE COVID-19 VACCINE PILLAR AND LAUNCHED THE COVAX FACILITY (THE "FACILITY") AS A GLOBAL RISK-SHARING MECHANISM FOR POOLED PROCUREMENT AND EQUITABLE DISTRIBUTION OF EVENTUAL COVID-19 VACCINES. GAVI ESTABLISHED THE OFFICE OF THE COVAX FACILITY TO EXECUTE ITS RESPONSIBILITIES AS THE LEGAL ENTITY TO ADMINISTER THE FACILITY. GAVI IS COORDINATING THE DEVELOPMENT AND IMPLEMENTATION OF THE FACILITY. THE FACILITY WILL MAKE INVESTMENTS ACROSS A BROAD PORTFOLIO OF PROMISING VACCINE CANDIDATES (INCLUDING THOSE BEING SUPPORTED BY CEPI) TO MAKE SURE AT-RISK INVESTMENT IN MANUFACTURING HAPPENS TO SUPPORT THE DEVELOPMENT OF VACCINES WHICH ARE SAFE AND EFFECTIVE AS QUICKLY AS POSSIBLE. THIS MEANS THE FACILITY, BY POOLING PURCHASING POWER FROM ALL COUNTRIES THAT PARTICIPATE, WILL HAVE RAPID ACCESS TO DOSES OF SAFE AND EFFECTIVE VACCINES AS SOON AS THEY RECEIVE REGULATORY APPROVAL. GUIDED BY AN ALLOCATION FRAMEWORK BEING DEVELOPED BY WHO, THE FACILITY WILL THEN EQUITABLY DISTRIBUTE THESE DOSES TO HELP PROTECT THE MOST AT-RISK GROUPS IN ALL PARTICIPATING COUNTRIES.
FORM 990, PART I, LINE 5	PART I, LINE 5 LISTS THE TOTAL NUMBER OF EMPLOYEES WHO RECEIVED THE FORM W-2, AND IT DOES NOT INCLUDE FOREIGN EMPLOYEES IN GENEVA, SWITZERLAND. THE TOTAL NUMBER OF EMPLOYEES INCLUDING THE FOREIGN EMPLOYEES IS 290.
FORM 990, PART VI, SECTION A, LINE 4	AT THE 24-25 JUNE 2020 BOARD MEETING, THE BOARD APPROVED A NUMBER OF CLARIFYING AMENDMENTS MADE TO THE GAVI STATUTES WITH PARTICULAR ATTENTION TO (I) ARTICLE 10 APPOINTMENT OF BOARD MEMBERS, (II) ARTICLE 12 ORGANISATION OF THE BOARD, AND (III) FUNCTIONS OF THE BOARD. FURTHERMORE, THE BOARD AGREED TO RETIRE GAVI'S BY-LAWS AND REPLACE IT WITH A SET OF OPERATING PROCEDURES FOR THE BOARD AND BOARD COMMITTEES FALLING UNDER THE PURVIEW OF THE BOARD. THE OPERATING PROCEDURES WHICH HAS BEEN INCORPORATED FROM GAVI'S BY-LAWS AND INCLUDES FURTHER PROVISIONS TO ALIGN WITH CURRENT PRACTICE, PARTICULARLY IN RELATION TO THE FOLLOWING: (I) NOMINATION AND APPOINTMENT OF REPRESENTATIVE BOARD MEMBERS, (II) CHAIR, VICE CHAIR AND CEO, (III) MEETING NOTICES, AGENDAS AND PAPERS, PRESENTERS AND OBSERVERS AND CLOSED SESSIONS, AND (IV) TRANSPARENCY.
FORM 990, PART VI, SECTION B, LINE 11B	THE OUTSOURCED ACCOUNTANT (OA), IN COLLABORATION WITH THE SENIOR MANAGER OF FINANCIAL REPORTING, GATHERS ALL INFORMATION NEEDED TO PREPARE THE FEDERAL FORM 990 FROM THE RESPECTIVE GAVI DEPARTMENTS. OA THEN PREPARES THE DRAFT FEDERAL FORM 990 AND PROVIDES IT TO THE GAVI HEAD OF FINANCIAL ACCOUNTING AND REPORTING (HFAR) FOR REVIEW. THE HFAR REVIEWS THE DRAFT FEDERAL FORM 990 AND DISCUSSES ANY NECESSARY CHANGES WITH THE OA AND SENIOR MANAGER. THE OA THEN SUBMITS THE DRAFT FEDERAL FORM 990 TO THE TAX FIRM FOR REVIEW AND DISCUSSES ANY NECESSARY UPDATES PROVIDED BY THE TAX FIRM, AFTER WHICH THE DRAFT FEDERAL FORM 990 IS UPDATED BY THE OA. THE SENIOR MANAGER THEN CIRCULATES THE UPDATED DRAFT FEDERAL FORM 990 TO VARIOUS GAVI TEAMS FOR THEIR REVIEW AND COMMENT. THE DRAFT FEDERAL FORM 990 IS UPDATED FOR COMMENTS RECEIVED AS DEEMED NECESSARY BY THE HFAR. THE DRAFT FEDERAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, IS PROVIDED TO THE AUDIT AND FINANCE COMMITTEE. A GAVI AUTHORIZED REPRESENTATIVE SIGNS THE FEDERAL FORM 990 AFTER WHICH IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	THE GOVERNANCE TEAM CIRCULATES THE CONFLICT OF INTEREST DISCLOSURE FORMS TO THE BOARD MEMBERS ANNUALLY. GOVERNANCE MONITORS DISCLOSURE FORMS BY COLLECTING ALL CONFLICT OF INTEREST DISCLOSURES FROM BOARD MEMBERS. THE POLICY IS MONITORED BY THE BOARD OF DIRECTORS ITSELF, AND RELEVANT CONFLICTS ARE DISCLOSED AT THE BOARD OF DIRECTORS MEETINGS AND NOTED IN THE MINUTES. A BOARD MEMBER/ALTERNATE BOARD MEMBER OR COMMITTEE DELEGATE IS EXPECTED TO DISCLOSE ANY REAL/PERCEIVED OR POTENTIAL CONFLICT TO THE CHAIR OF THE BOARD OR THE COMMITTEE, AS SOON AS POSSIBLE UPON LEARNING OF IT AND NO LATER THAN AT THE BEGINNING OF THE DISCUSSION OF THE PERTINENT AGENDA ITEM DURING A BOARD/COMMITTEE MEETING. IT IS THE PREROGATIVE OF THE CHAIR OF THE MEETING, IN CONSULTATION WITH THE DIRECTOR OF LEGAL OR GOVERNANCE, TO DETERMINE THE SCOPE AND LEVEL OF A CONFLICTED PERSON'S PARTICIPATION IN THE DISCUSSION AND THE NECESSITY OF RECUSAL FROM VOTING GIVEN THE TYPE OF INTEREST DISCLOSED. THE MINUTES OF THE MEETING REFLECT THE CONFLICTED MEMBER'S DISCLOSURE AND WHETHER THE CONFLICTED MEMBER PARTICIPATED IN THE DISCUSSION AND/OR ABSTAINED FROM VOTING.
FORM 990, PART VI, SECTION B, LINE 15	GAVI'S COMPENSATION AIMS TO ATTRACT, ENGAGE, REWARD AND RETAIN A TEAM OF HIGH PERFORMING EMPLOYEES WHO ARE DEDICATED TO GAVI'S MISSION. IN 2008, THE GAVI BOARD APPROVED GAVI'S COMPENSATION AND BENEFIT FRAMEWORK. A REVIEW OF THE GAVI SALARY SCALE WAS CONDUCTED IN 2013-2014 BY MERCER, AN INDEPENDENT GLOBAL FIRM SPECIALIZED IN THE FIELD OF COMPENSATION, AND BENCHMARKED AGAINST A COMPOSITE PEER MARKET. THE REVIEW CONCLUDED THAT GAVI'S SALARY SCALE POSITIONING WAS IN ALIGNMENT WITH MARKET AND PEERS. IN 2018, A FURTHER REVIEW WAS UNDERTAKEN BY MERCER. GAVI'S SALARY SCALE HAS NOT CHANGED SINCE ITS INTRODUCTION IN 2008. UPON HIRING, OFFICERS AND KEY EMPLOYEES AT GAVI ARE PLACED WITHIN THE SCALE.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNANCE DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE GAVI ALLIANCE WEBSITE. FORM 1023 AND FEDERAL FORM 990 ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
FORM 990, PART VII, SECTION A	AN ALTERNATE MEMBER CAN VOTE ONLY WHEN THE CORRESPONDING PRIMARY BOARD MEMBER IS UNABLE TO PARTICIPATE IN VOTING. IF THE PRIMARY BOARD MEMBER IS ABLE TO SUBMIT HIS/HER VOTE THEN THE ALTERNATE MEMBER'S VOTE IS NOT REQUIRED. PART VII LISTS 46 VOTING BOARD MEMBERS. HOWEVER ONLY 27 VOTES COULD BE CAST WHICH ARE PRINCIPAL BOARD MEMBERS. THE 19 ALTERNATE BOARD MEMBERS COULD NOT VOTE UNLESS THEIR ASSOCIATED PRINCIPAL BOARD MEMBER WAS UNAVAILABLE TO VOTE. NONE OF THE ALTERNATE BOARD MEMBER SEATS WERE VACANT.
FORM 990, PART XI, LINE 9:	RETURN OF UNSPENT FUNDS 991,430. RECOVERY OF PRIOR YEAR GRANT 9,226,447. REVERSAL OF PROVISIONAL CONTRIBUTIONS RECEIVABLE 6,000,000.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY 2 LAMBS PASSAGE LONDON EC1Y 8BB LONDON UK	RAISES FUNDS FOR IMMUNIZATION PROGRAMS AND PROCUREMENT	UK	501(C)(3)	FOREIGN CHARITY	GAVI ALLIANCE	Yes	
(2) IFFIM SUKUK COMPANY III LIMITED PO BOX 1093 QUEENSGATE HOUSE GRAND CAYMAN KY1-1102 CJ	ISSUING SUKUK CERTIFICATES IN SUPPORT OF IFFIM'S OPERATIONS	CJ			INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	C	210,364,608	COST
(2) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	N	165,440	FMV
(3) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	O	745,839	FMV
(4) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	Q	269,554	FMV

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

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