Form 990

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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) | Room/suite
CHEMIN DU POMMIER 40

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

G Gross receipts $ 25,153,990,377

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 LIVES & PROTECT PEOPLE'S HEALTH BY INCREASING EQUITABLE AND SUSTAINABLE USE OF VACCINES.

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**	44
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	44
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	18
6	Total number of volunteers (estimate if necessary)	**6**	58
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,433,703,395	16,367,570,660
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,864,796	72,243,278
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-125,399,918	-42,699,804
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,331,168,273	16,397,114,134
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,014,115,924	8,455,743,099
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)	57,861,874	63,282,276
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶23,686,064		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,980,640	62,873,137
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,116,958,438	8,581,898,512
19	Revenue less expenses. Subtract line 18 from line 12	214,209,835	7,815,215,622

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,896,842,127	16,258,481,147
21	Total liabilities (Part X, line 26)	3,389,804,483	4,899,555,355
22	Net assets or fund balances. Subtract line 21 from line 20	3,507,037,644	11,358,925,792

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

2022-09-30
Signature of officer — Date

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 LIVES AND PROTECT PEOPLE'S HEALTH BY INCREASING EQUITABLE AND SUSTAINABLE USE OF VACCINES.

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 $ 6,477,073,250 including grants of $ 6,468,571,381) (Revenue $)

THE FIRST COVAX-SUPPLIED VACCINE DOSES WERE ADMINISTERED IN A GAVI COVAX AMC COUNTRY ON 16 JANUARY 2021. DURING 2021, 1.2 BILLION DOSES WERE MADE AVAILABLE BY MANUFACTURERS FOR DELIVERY, APPROXIMATELY 600 MILLION FROM DONATIONS AND 600 MILLION FROM APAS. OF THESE 1.2 BILLION DOSES, COVAX DELIVERED 946.6 MILLION DOSES FROM SEVEN MANUFACTURERS TO 144 COVAX PARTICIPANTS, JUST OVER 500 MILLION THROUGH APAS AND 435 MILLION THROUGH DOSE SHARING. OF THESE 946.6 MILLION DOSES, 829 MILLION DOSES WERE DELIVERED TO 86 AMC PARTICIPANTS; AND 116 MILLION DOSES WERE DELIVERED TO 58 SELF-FINANCING PARTICIPANTS (SFPS). AN ADDITIONAL 1.6 MILLION DOSES WERE DELIVERED TO COVAX HUMANITARIAN BUFFER RECIPIENTS IN 2021.BY END 2021, SUPPLY DELIVERED THROUGH COVAX ENABLED AMC91 (I.E. EXCLUDING INDIA) TO ACHIEVE 13% COVERAGE WITH AT LEAST ONE DOSE; AND 10% COVERAGE WITH TWO DOSES.REFLECTING ON THE ACHIEVEMENTS OF 2021, IT'S CLEAR MANY OF THE GAINS WERE HARD WON, AND IT TOOK MUCH LONGER TO ACHIEVE THE DELIVERY MILESTONES THAN ORIGINALLY ANTICIPATED. ALTHOUGH COVAX WAS UNABLE TO DELIVER ON ITS INITIAL DOSE DELIVERY GOALS, DELIVERING 829 MILLION VACCINE DOSES TO AMC ECONOMIES (AGAINST A TARGET OF 950 MILLION) WAS A TREMENDOUS ACHIEVEMENT. YET INEQUITIES BETWEEN AMC ECONOMIES AND HIGHER-INCOME COUNTRIES REMAINED AT THE END OF 2021. THE FOLLOWING LESSONS HAVE DRIVEN CHANGES TO COVAX'S OPERATIONAL MODEL AND WILL GUIDE OUR APPROACH TO THE GAVI COVAX AMC IN 2022.FURTHER INFORMATION ON GAVI'S COVAX REPORT CAN BE FOUND IN ITS 2021 ANNUAL PROGRESS REPORT, ONLINE AT: HTTPS://WWW.GAVI.ORG/PROGRAMMES-IMPACT/OUR-IMPACT/PROGRESS-REPORTS.

4b (Code:) (Expenses $ 2,046,562,973 including grants of $ 1,987,171,718) (Revenue $)

THE VACCINE GOAL: INTRODUCE AND SCALE UP VACCINESIN 2021, GAVI-SUPPORTED COUNTRIES ADMINISTERED MORE VACCINES THAN ANY YEAR IN HISTORY.GAVI SUPPORTED 39 VACCINE INTRODUCTIONS AND CAMPAIGNS THIS YEAR AN INCREASE FROM 21 IN 2020. THE 57 GAVI-SUPPORTED COUNTRIES HAVE INCREASED COVERAGE OF THREE KEY SDG VACCINES SINCE 2019.IN 2021, EMERGENCY STOCKPILES FOR CHOLERA, EBOLA, MENINGOCOCCAL AND YELLOW FEVER VACCINES WERE ACCESSED A TOTAL OF 25 TIMES BY 14 COUNTRIES.GAVI'S UPDATED MEASURE OF BREADTH OF PROTECTION, WHICH NOW INCLUDES COVERAGE AGAINST POLIO ANDHPV, REACHED 51% IN 2021, UP 16 PERCENTAGE POINTS FROM 2019.THE EQUITY GOAL: STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNIZATIONIN GAVI 5.0, HEALTH SYSTEM STRENGTHENING (HSS) SUPPORT PRIORITISES EQUITY IN IMMUNIZATION DELIVERY, TO REDUCE THE NUMBER OF ZERO-DOSE AND UNDER-IMMUNIZED CHILDREN.COVID-19 PANDEMIC-RELATED DISRUPTIONS TO ROUTINE IMMUNIZATION CONTINUED IN 2021, LEADING TO DECLINES IN COVERAGE IN GAVI-SUPPORTED COUNTRIES. OVERALL, THE RATE OF DECLINE IN IMMUNIZATION COVERAGE IN GAVI-SUPPORTED COUNTRIES SLOWED IN 2021 COMPARED TO THE DECLINE SEEN IN 2020.2021 SAW A RECORD NUMBER OF COLD CHAIN PROCUREMENTS THROUGH UNICEF, INCLUDING FROM GAVI'S CCEOP AND COVAX.IN 2021, 6.3 MILLION IMMUNIZATION SESSIONS WERE CONDUCTED IN GAVI-SUPPORTED COUNTRIES.IN 2021, DTP3 AND MCV1 COVERAGE IN GAVI-SUPPORTED COUNTRIES WAS 77% (COMPARED TO THE 81% GLOBAL AVERAGE) A DECLINE FROM 2020 OF 1 PERCENTAGE POINT FOR DTP3 AND 2 PERCENTAGE POINTS FOR MCV1.THE SUSTAINABILITY GOAL: IMPROVE SUSTAINABILITY OF NATIONAL IMMUNIZATION PROGRAMMESTHE YEAR 2021 CONFIRMED THE ROBUSTNESS OF THE VACCINE ALLIANCE'S CO-FINANCING APPROACH AND THE STEADY FINANCIAL COMMITMENT OF COUNTRIES DESPITE THE COVID-19 PANDEMIC.A TESTAMENT TO INCREASING COUNTRY OWNERSHIP AND THE LONG-TERM FINANCIAL SUSTAINABILITY OF GAVI-SUPPORTED VACCINES, COUNTRIES CONTRIBUTED A RECORD US$ 161 MILLION TOWARDS THE CO-FINANCING OF GAVI-SUPPORTED VACCINES IN 2021 DESPITE THE ONGOING FISCAL CHALLENGES OF THE COVID-19 PANDEMIC.THE NUMBER OF VACCINE PROGRAMMES ORIGINALLY INTRODUCED WITH GAVI FUNDING, BUT WHICH ARE NOW SELF-FINANCED BY COUNTRIES, INCREASED FROM 40 IN 2018 TO 49 IN 2020 AND 2021.IN A CHALLENGING FISCAL CONTEXT, MOST GAVI-ELIGIBLE COUNTRIES WERE ABLE TO MAINTAIN OR INCREASE DOMESTICRESOURCES FOR CO-FINANCING OF GAVI-SUPPORTED VACCINES IN 2021, BRINGING TO US$ 1.3 BILLION THEIR TOTAL CONTRIBUTION SINCE THE INTRODUCTION OF THE CO-FINANCING POLICY IN 2008.THE MARKET SHAPING GOAL: ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTSGAVI'S MARKET SHAPING EFFORTS MAKE LIFE-SAVING VACCINES AND OTHER IMMUNIZATION PRODUCTS MORE ACCESSIBLE AND AFFORDABLE FOR LOWER-INCOME COUNTRIESIN 2021, THE NUMBER OF MARKETS EXHIBITING ACCEPTABLE LEVELS OF HEALTHY MARKET DYNAMICS FOR VACCINES AND IMMUNIZATION PRODUCTS IMPROVED FROM 10 TO 11, EXCEEDING THE TARGET FOR THE YEAR.INNOVATION-RELATED MARKET SHAPING INDICATORS ARE LARGELY ON TRACK. THE NUMBER OF INNOVATIVE PRODUCTS WITHIN THE PIPELINE OF COMMERCIAL-SCALE MANUFACTURERS INCREASED BY TWO IN 2021.THE GAVI BOARD APPROVED GAVI'S MARKET SHAPING STRATEGY FOR THE GAVI 5.0 STRATEGIC PERIOD (MSS 5.0); AND SUPPORT FOR MALARIA VACCINE ROLL-OUT IN SUB-SAHARAN AFRICA.THROUGH GAVI'S MARKET SHAPING EFFORTS, THE NUMBER OF MANUFACTURERS SUPPLYING PREQUALIFIED GAVI-SUPPORTED VACCINES HAS GROWN FROM 5 IN 2001 TO 18 IN 2021 (WITH MORE THAN HALF BASED IN AFRICA, ASIA AND LATIN AMERICA).FURTHER INFORMATION ON GAVI'S PROGRESS TOWARDS ACHIEVING ITS STRATEGIC GOALS CAN BE FOUND IN ITS 2021 ANNUAL PROGRESS REPORT, ONLINE AT: HTTPS://WWW.GAVI.ORG/PROGRAMMES-IMPACT/OUR-IMPACT/PROGRESS-REPORTS.

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** ▶ 8,523,636,223

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 Rev. Proc. 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		No
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 the 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 line 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	Yes	
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 on 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	50		
b	Enter the number of Forms W-2G included on 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**	18		
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, LU 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
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

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**	44		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	44		
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**		No
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 on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DR SETH BERKLEY CHIEF EXECUTIVE OFFICER	47.50 2.50			X				696,465	0	117,974
(2) ANURADHA GUPTA DEPUTY CHIEF EXECUTIVE OFFICER	48.50 1.50				X			347,767	0	88,334
(3) SIMON LAMB MNG DIR, AUDIT & INVESTIGATIONS	50.00 0.00					X		287,682	0	74,332
(4) PASCAL BAROLLIER MANAGING DIR, PUBLIC ENGAGEMENT & IS	50.00 0.00				X			269,886	0	86,904
(5) ALEX DE FAUQUE DE JONQUIERES DIR, HEALTH SYS. & IMMUNE. STRENGTH.	50.00 0.00					X		288,088	0	65,671
(6) EDMUND GROVE DIRECTOR PROGRAMME AUDIT	50.00 0.00					X		281,502	0	64,005
(7) ANDREW MENDS DIRECTOR OPERATIONS	50.00 0.00					X		280,401	0	63,668
(8) MARIE-ANGE SARAKA-YAO MNG DIR, RESOURCE MOBL./PARTNERSHIPS	50.00 0.00				X			276,172	0	67,013
(9) AURELIA NGUYEN MNG DIR OFFICE OF THE COVAX FACILITY	50.00 0.00				X			272,535	0	69,886
(10) ANTHONY BROWN SENIOR LEGAL COUNSEL - UNTIL 05/2021	50.00 0.00					X		310,795	0	19,261
(11) THABANI MAPHOSA MANAGING DIR, COUNTRY PROGRAMMES	50.00 0.00				X			252,122	0	67,002
(12) BRENDA KILLEN DIRECTOR, GOVERNANCE	42.50 7.50			X				259,036	0	58,439
(13) ASSIETOU DIOUF MANAGING DIR, FINANCE & OPERATIONS	47.50 2.50			X				234,294	0	72,396
(14) JOSE MANUEL BARROSO CHAIR - FROM 01/2021	2.00 0.00	X						0	0	0
(15) SARAH GOULDING VICE CHAIR	2.00 0.00	X						0	0	0
(16) WILLIAM H ROEDY BOARD MEMBER - UNTIL 07/2021	2.00 0.00	X						0	0	0
(17) MARGARET PEGGY HAMBURG 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HELEN REES BOARD MEMBER	2.00 0.00	X						0	0	0
(19) TERESA RESSEL BOARD MEMBER	2.00 0.00	X						0	0	0
(20) DAVID SIDWELL BOARD MEMBER	2.00 0.00	X						0	0	0
(21) STEPHEN ZINSER BOARD MEMBER - UNTIL 06/2021	2.00 0.00	X						0	0	0
(22) YIBING WU BOARD MEMBER	2.00 0.00	X						0	0	0
(23) AWA MARIE COLL SECK BOARD MEMBER - FROM 07/2021	2.00 0.00	X						0	0	0
(24) NAGUIB KHERAJ BOARD MEMBER - FROM 08/2021	2.00 0.00	X						0	0	0
(25) ORIN LEVINE BOARD MEMBERS - UNTIL 11/2021	2.00 0.00	X						0	0	0
(26) VIOLAINE MITCHELL BOARD MEMBER - FROM 12/2021	2.00 0.00	X						0	0	0
(27) AFSANEH BESCHLOSS BOARD MEMBER	2.00 0.00	X						0	0	0
(28) MUHAMMAD PATE BOARD MEMBER - UNTIL 06/2021	2.00 0.00	X						0	0	0
(29) OMAR ABDI BOARD MEMBER	2.00 0.00	X						0	0	0
(30) JUAN PABLO URIBE BOARD MEMBER - FROM 09/2021	2.00 0.00	X						0	0	0
(31) ZSUZANNA JAKAB BOARD MEMBER	2.00 0.00	X						0	0	0
(32) HARSH VARDHAN BOARD MEMBER - FROM 1/2021-8/2021	2.00 0.00	X						0	0	0
(33) KWAKU AGYEMAN-MANU BOARD MEMBER - FROM 01/2021	2.00 0.00	X						0	0	0
(34) MANSUKH MANDAVIYA BOARD MEMBER - FROM 09/2021	2.00 0.00	X						0	0	0
(35) FAISAL SULTAN BOARD MEMBER - FROM 09/2021	2.00 0.00	X						0	0	0
(36) ARSEN TOROSYAN BOARD MEMBER - UNTIL 01/2021	2.00 0.00	X						0	0	0
(37) ASSAD HAFEEZ BOARD MEMBER - FROM 1/2021-4/2021	2.00 0.00	X						0	0	0
(38) ANAHIT AVANYESAN BOARD MEMBER - FROM 03/2021	2.00 0.00	X						0	0	0
(39) ABDOULAYE SABRE FADOUL BOARD MEMBER - UNTIL 12/2021	2.00 0.00	X						0	0	0
(40) JOAN VALADOU BOARD MEMBER - FROM 01/2021	2.00 0.00	X						0	0	0
(41) BETH ARTHY BOARD MEMBER	2.00 0.00	X						0	0	0
(42) JOHN ARNE ROTTINGEN BOARD MEMBER - FROM 01/2021	2.00 0.00	X						0	0	0
(43) ROGER CONNOR BOARD MEMBER	2.00 0.00	X						0	0	0
(44) MAHIMA DATLA BOARD MEMBER	2.00 0.00	X						0	0	0
(45) MATY DIA BOARD MEMBER	2.00 0.00	X						0	0	0
(46) MARTA NUNES BOARD MEMBER	2.00 0.00	X						0	0	0
(47) MEGAN CAIN BOARD MEMBER - FROM 01/2021	2.00 0.00	X						0	0	0
(48) ALAA MURABIT ALTERNATE BOARD MEMBER - FROM 12/21	2.00 0.00	X						0	0	0
(49) LIA TADESSE ALTERNATE BOARD MEMBER - FROM 01/21	2.00 0.00	X						0	0	0
(50) MICHAEL KENT RANSON ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(51) ETLEVA KADILLI ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(52) KATE O'BRIEN ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(53) BOUNKONG SYHAVONG ALTERNATE BOARD MEMBER - UNTIL 06/21	2.00 0.00	X						0	0	0
(54) BOUNFENG PHOUMMALAYSITH ALTERNATE BOARD MEMBER - FROM 07/21	2.00 0.00	X						0	0	0
(55) JACQUELINE LYDIA MIKOLO ALTERNATE BOARD MEMBER - UNTIL 07/21	2.00 0.00	X						0	0	0
(56) GILBERT MOKOKI ALTERNATE BOARD MEMBER - FROM 07/21	2.00 0.00	X						0	0	0
(57) HANNAH HAAIJ ALTERNATE BOARD MEMBER - UNTIL 01/21	2.00 0.00	X						0	0	0
(58) JORIS JURRIENS ALTERNATE BOARD MEMBER - FROM 02/21	2.00 0.00	X						0	0	0
(59) SUSAN ELDEN ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(60) SAAD OMER ALTERNATE BOARD MEMBER - FROM 01/21	2.00 0.00	X						0	0	0
(61) WAHID MAJROOH ALT. BOARD MEMBER - FROM 02/21-08/21	2.00 0.00	X						0	0	0
(62) EDNA YOLANI BATRES ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(63) FRANCESCA MANNO ALTERNATE BOARD MEMBER - FROM 01/21	2.00 0.00	X						0	0	0
(64) CARMEN COLES TULL ALTERNATE BOARD MEMBER - UNTIL 05/21	2.00 0.00	X						0	0	0
(65) JEREMY KONYNDYK ALTERNATE BOARD MEMBER - FROM 05/21	2.00 0.00	X						0	0	0
(66) KEIICHI ONO ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(67) AN VERMEESCH ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(68) BERNHARD BRAUNE ALTERNATE BOARD MEMBER - FROM 01/21	2.00 0.00	X						0	0	0
(69) XIANG SHU ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
(70) AHMAD JAWAD OSMANI ALTERNATE BOARD MEMBER - UNTIL 02/21	2.00 0.00	X						0	0	0
(71) RAFAEL VILASANJUAN ALTERNATE BOARD MEMBER	2.00 0.00	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,056,745	0	914,885

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 ▶ 246

			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 1201 GENEVA SZ	TEMPORARY STAFFING	5,537,069
LINKLATERS LLP 1 ONE SILK STREET LONDON EC2Y 8HQ UK	LEGAL SERVICES	2,906,824
TECH MAHINDRA LIMITED OFF KARVE ROAD PUNE 411004 IN	IT SERVICES	2,419,504
MCKINSEY AND COMPANY INC BLEICHERWEG 20 8002 ZURICH SZ	CONSULTING SERVICES	2,090,444
THE BOSTON CONSULTING GROUP AND CIE BLEICHERWEG 62 8002 ZURICH SZ	CONSULTING SERVICES	1,907,133

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 ▶ 160

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 OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c				
d Related organizations 1d	1,449,477,500			
e Government grants (contributions) 1e	13,197,193,142			
f All other contributions, gifts, grants, and similar amounts not included above 1f	1,720,900,018			
g Noncash contributions included in lines 1a - 1f:$ 1g	4,406,723,991			
h Total. Add lines 1a-1f . . . . . ▶	16,367,570,660			
Program Service Revenue — Business Code				
2a				
b				
c				
d				
e				
f All other program service revenue.				
g Total. Add lines 2a–2f. . . . . ▶				
3 Investment income (including dividends, interest, and other similar amounts)	11,257,940			11,257,940
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	8,817,861,581			
b Less: cost or other basis and sales expenses 7b	8,756,876,243			
c Gain or (loss) 7c	60,985,338			
d Net gain or (loss) . . . . . ▶	60,985,338			60,985,338
Other Revenue — **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	186,856			186,856
b FC TRANSLATION ADJ. 900099	-42,886,660			-42,886,660
c				
d All other revenue				
e Total. Add lines 11a–11d . . . . . ▶	-42,699,804			
12 Total revenue. See instructions . . . . ▶	16,397,114,134	0	0	29,543,474

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	93,642,092	93,642,092		
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.	8,362,101,007	8,362,101,007		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,236,225	2,006,460	679,607	550,158
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	40,308,163	25,095,537	8,282,781	6,929,845
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,387,319	5,221,770	1,723,666	1,441,883
9 Other employee benefits	10,371,684	6,456,007	2,133,539	1,782,138
10 Payroll taxes	978,885	609,292	201,416	168,177
11 Fees for services (non-employees):				
a Management				
b Legal	2,799,835		2,799,835	
c Accounting	399,599		399,599	
d Lobbying	227,200	227,200		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,389,035		1,389,035	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,591,312	19,652,166	11,111,280	9,827,866
12 Advertising and promotion	677,363	277,728	24,750	374,885
13 Office expenses	5,909,073	3,207,012	1,898,098	803,963
14 Information technology	3,366,841	2,225,690	592,996	548,155
15 Royalties				
16 Occupancy	3,076,058	1,669,460	988,084	418,514
17 Travel	809,571	483,508	263,797	62,266
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,058,365	215,771	201,136	641,458
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	705,972	383,150	226,771	96,051
23 Insurance	299,180	162,373	96,102	40,705
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	1,563,733		1,563,733	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,581,898,512	8,523,636,223	34,576,225	23,686,064
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).	26,133,990	17,272,200	4,624,344	4,237,446

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		99,277,038	1	1,264,065,924
	2	Savings and temporary cash investments		3,187,411,270	2	5,786,704,150
	3	Pledges and grants receivable, net		1,475,819,226	3	3,099,817,956
	4	Accounts receivable, net			4	
	5	Loans and other receivables from 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		351,028,735	9	4,263,399,020
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,639,078			
	b	Less: accumulated depreciation	10b 6,291,239	1,938,033	10c	2,347,839
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,326,662,408	12	1,241,567,725
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		454,705,417	15	600,578,533
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,896,842,127	16	16,258,481,147
Liabilities	17	Accounts payable and accrued expenses		17,946,918	17	57,988,019
	18	Grants payable		117,860,164	18	59,080,922
	19	Deferred revenue		127,112,753	19	416,512,779
	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		0	23	500,280,000
	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		3,126,884,648	25	3,865,693,635
	26	**Total liabilities.** Add lines 17 through 25		3,389,804,483	26	4,899,555,355
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		1,643,920,333	27	5,218,171,172
	28	Net assets with donor restrictions		1,863,117,311	28	6,140,754,620
		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		3,507,037,644	32	11,358,925,792
	33	Total liabilities and net assets/fund balances		6,896,842,127	33	16,258,481,147

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**	16,397,114,134
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	8,581,898,512
3	Revenue less expenses. Subtract line 2 from line 1	**3**	7,815,215,622
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	**4**	3,507,037,644
5	Net unrealized gains (losses) on investments	**5**	16,897,476
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**	19,775,050
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	**10**	11,358,925,792

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 on 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)

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

2021

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).)

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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	614,655,000	596,158,662	800,186,577	2,433,703,395	16,367,570,660	20,812,274,294
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	614,655,000	596,158,662	800,186,577	2,433,703,395	16,367,570,660	20,812,274,294
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) . .						3,059,357,469
6 **Public support.** Subtract line 5 from line 4.						17,752,916,825

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	614,655,000	596,158,662	800,186,577	2,433,703,395	16,367,570,660	20,812,274,294
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	17,988,337	29,223,123	31,105,860	16,200,090	11,257,940	105,775,350
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.). .	542,556	430,236	274,962	27,180	186,856	1,461,790
11 **Total support.** Add lines 7 through 10						20,919,511,434

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 2021 (line 6, column (f) divided by line 11, column (f))	14	84.860 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	86.920 %

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on 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 on line 2a, above 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 2021 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-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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 - 2017 AMOUNT: $ 407,132. 2018 AMOUNT: $ 295,261. 2019 AMOUNT: $ 266,165. 2020 AMOUNT: $ 27,180. 2021 AMOUNT: $ 186,856. PARKING FEES - 2017 AMOUNT: $ 135,424. 2018 AMOUNT: $ 134,975. 2019 AMOUNT: $ 8,797.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

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

2021

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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		277,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			277,200
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

2021

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	474,050	711,176
d Equipment		1,036,155	682,723	353,432
e Other		6,417,697	5,134,466	1,283,231
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				2,347,839

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	873,894,445	F
(B) REGISTERED INVESTMENT COMPANIES	367,673,280	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,241,567,725	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,865,693,635

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. GAVI PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED 31 DECEMBER 2021 AND 2020 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 2021, THE STATUTES OF LIMITATIONS FOR TAX YEARS 2018 THROUGH 2020 REMAIN OPEN WITH THE UNITED STATES FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH GAVI FILES TAX RETURNS. IT IS GAVI'S POLICY TO RECOGNISE INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AS OF 31 DECEMBER 2021 AND 2020, 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

2021

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) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		258,976,834
(2)	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		3,886,398,411
(3)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,679,919,512
(4)	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,402,032,995
(5)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		184,426,351
(6)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		272,481,364
(7)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		169,161,444
(8)	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		53,537,289
(9)	VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS LOCATED IN VARIOUS REGIONS		455,166,807
(10)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,758,168,445
(11)	EUROPE (INCLUDING ICELAND & GREENLAND)	1	300	PROGRAM SERVICES	COUNTRY PROGRAMMES MGMT. & OVERSIGHT, POLICY & PERFORMANCE, AND OPERATIONS	67,893,124
(12)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		23,686,064
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			7,906,934,200
b	Total from continuation sheets to Part I . . .	1	300			4,304,914,440
c	**Totals** (add lines 3a and 3b)	1	300			12,211,848,640

Part IV 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.

	(a) Name of organization or government	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of assistance	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1	(1)		SOUTH ASIA	COUNTRY PROGRAMMING	12,906,200	(B)GRANT APPROV/AWRD TRANSFER	80,493,798	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
2	(2)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,725,200	(B)GRANT APPROV/AWRD TRANSFER	100,868,372	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
3	(3)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	4,298,100	(B)GRANT APPROV/AWRD TRANSFER	114,813,620	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
4	(4)		RUSSIA AND EURASIA	COUNTRY PROGRAMMING	0	(B)GRANT APPROV/AWRD TRANSFER	535,333	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
5	(5)		SOUTH ASIA	COUNTRY PROGRAMMING	16,732,800	(B)GRANT APPROV/AWRD TRANSFER	350,167,140	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
6	(6)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,675,400	(B)GRANT APPROV/AWRD TRANSFER	44,731,140	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
7	(7)		SOUTH ASIA	COUNTRY PROGRAMMING	468,000	(B)GRANT APPROV/AWRD TRANSFER	5,192,420	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
8	(8)		SOUTH AMERICA	COUNTRY PROGRAMMING	2,200,000	(B)GRANT APPROV/AWRD TRANSFER	46,292,700	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
9	(9)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	0	(B)GRANT APPROV/AWRD TRANSFER	25,200,000	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
10	(10)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	6,792,400	(B)GRANT APPROV/AWRD TRANSFER	183,667,120	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
11	(11)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	5,944,800	(B)GRANT APPROV/AWRD TRANSFER	9,471,220	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
12	(12)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	305,000	(B)GRANT APPROV/AWRD TRANSFER	1,970,375	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
13	(13)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	1,291,500	(B)GRANT APPROV/AWRD TRANSFER	29,063,870	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
14	(14)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	6,030,700	(B)GRANT APPROV/AWRD TRANSFER	29,461,200	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
15	(15)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	5,701,100	(B)GRANT APPROV/AWRD TRANSFER	53,018,180	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
16	(16)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	10,442,500	(B)GRANT APPROV/AWRD TRANSFER	19,420,115	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
17	(17)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	950,000	(B)GRANT APPROV/AWRD TRANSFER	202,700,000	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
18	(18)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	17,676,400	(B)GRANT APPROV/AWRD TRANSFER	92,600,000	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
19	(19)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	17,656,500	(B)GRANT APPROV/AWRD TRANSFER	84,521,400	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
20	(20)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	3,814,200	(B)GRANT APPROV/AWRD TRANSFER	65,000,000	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
21	(21)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,128,700	(B)GRANT APPROV/AWRD TRANSFER	124,811,820	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
22	(22)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMING	410,000	(B)GRANT APPROV/AWRD TRANSFER	597,240	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
23	(23)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	8,281,100	(B)GRANT APPROV/AWRD TRANSFER	276,592,580	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
24	(24)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMING	1,686,400	(B)GRANT APPROV/AWRD TRANSFER	32,815,440	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
25	(25)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	354,000	(B)GRANT APPROV/AWRD TRANSFER	2,134,410	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
26	(26)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	465,000	(B)GRANT APPROV/AWRD TRANSFER	4,155,000	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
27	(27)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	24,272,800	(B)GRANT APPROV/AWRD TRANSFER	279,538,335	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
28	(28)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	495,200	(B)GRANT APPROV/AWRD TRANSFER	4,288,200	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
29	(29)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	0	(B)GRANT APPROV/AWRD TRANSFER	76,100	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
30	(30)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	977,000	(B)GRANT APPROV/AWRD TRANSFER	5,056,185	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
31	(31)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	3,983,600	(B)GRANT APPROV/AWRD TRANSFER	86,093,415	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
32	(32)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMING	430,000	(B)GRANT APPROV/AWRD TRANSFER	1,185,370	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
33	(33)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	3,047,000	(B)GRANT APPROV/AWRD TRANSFER	195,027,870	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
34	(34)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,992,100	(B)GRANT APPROV/AWRD TRANSFER	4,594,510	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
35	(35)		SOUTH AMERICA	COUNTRY PROGRAMMING	1,010,000	(B)GRANT APPROV/AWRD TRANSFER	3,213,770	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
36	(36)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMING	1,044,000	(B)GRANT APPROV/AWRD TRANSFER	6,156,000	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
37	(37)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMING	1,594,500	(B)GRANT APPROV/AWRD TRANSFER	60,470,580	ANTIRETROVIRAL SUPPORT EQUIPMENT, MEDICAL SUPPLIES	FMV
38	(38)		SOUTH ASIA	COUNTRY PROGRAMMING	22,317,400	(B)GRANT APPROV/AWRD TRANSFER	43,767,870	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
39	(39)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	187,400	(B)GRANT APPROV/AWRD TRANSFER	509,415,470	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
40	(40)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMING	0	(B)GRANT APPROV/AWRD TRANSFER	10,215,81	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
41	(41)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	7,438,2	(B)GRANT APPROV/AWRD TRANSFER	119,412,4	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
42	(42)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	210,000	(B)GRANT APPROV/AWRD TRANSFER	457,8	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
43	(43)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	215,9	(B)GRANT APPROV/AWRD TRANSFER	6,947,3	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
44	(44)		EUROPE (INCLUDING ICELAND & GREENLAND)	COUNTRY PROGRAMMING	460,0	(B)GRANT APPROV/AWRD TRANSFER	5,458,2	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
45	(45)		EUROPE (INCLUDING ICELAND & NEIGHBORING GREENLAND)	COUNTRY PROGRAMMING	1,179,5	(B)GRANT APPROV/AWRD TRANSFER	22,113,8	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
46	(46)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,836,4	(B)GRANT APPROV/AWRD TRANSFER	30,218,5	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
47	(47)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	395,8	(B)GRANT APPROV/AWRD TRANSFER	23,716,7	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
48	(48)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,601,4	(B)GRANT APPROV/AWRD TRANSFER	21,565,5	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
49	(49)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMING	9,551,0	(B)GRANT APPROV/AWRD TRANSFER	154,3	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
50	(50)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	2,442,1	(B)GRANT APPROV/AWRD TRANSFER	27,045,3	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
51	(51)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	460,0	(B)GRANT APPROV/AWRD TRANSFER	9,051,3	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
52	(52)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,849,9	(B)GRANT APPROV/AWRD TRANSFER	31,035,7	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
53	(53)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,118,5	(B)GRANT APPROV/AWRD TRANSFER	15,912,8	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
54	(54)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	727,9	(B)GRANT APPROV/AWRD TRANSFER	97,2	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
55	(55)		EUROPE (INCLUDING ICELAND & NEIGHBORING GREENLAND)	COUNTRY PROGRAMMING	460,0	(B)GRANT APPROV/AWRD TRANSFER	4,669,0	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
56	(56)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	9,477,2	(B)GRANT APPROV/AWRD TRANSFER	95,436,6	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
57	(57)		EUROPE (INCLUDING ICELAND & GREENLAND)	COUNTRY PROGRAMMING	122,4	(B)GRANT APPROV/AWRD TRANSFER	20,201,5	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
58	(58)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	210,0	(B)GRANT APPROV/AWRD TRANSFER	3,6	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
59	(59)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	314,6	(B)GRANT APPROV/AWRD TRANSFER	41,7	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
60	(60)		SOUTH ASIA	COUNTRY PROGRAMMING	10,082,8	(B)GRANT APPROV/AWRD TRANSFER	173,3	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
61	(61)		CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMING	350,0	(B)GRANT APPROV/AWRD TRANSFER	31,0	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
62	(62)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	15,066,7	(B)GRANT APPROV/AWRD TRANSFER	134,0	ANTIRETROVIRAL SUPPORT EQUIPMENT, YELLOW FEVER VACCINE	FMV
63	(63)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	63,624,7	(B)GRANT APPROV/AWRD TRANSFER	588,7	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
64	(64)		SOUTH ASIA	COUNTRY PROGRAMMING	79,413,2	(B)GRANT APPROV/AWRD TRANSFER	678,8	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
65	(65)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMING	1,200,0	(B)GRANT APPROV/AWRD TRANSFER	38,0	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
66	(66)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,017,0	(B)GRANT APPROV/AWRD TRANSFER	9,2	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
67	(67)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	9,430,3	(B)GRANT APPROV/AWRD TRANSFER	391,2	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
68	(68)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,599,5	(B)GRANT APPROV/AWRD TRANSFER	41,4	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
69	(69)		EUROPE (INCLUDING ICELAND & GREENLAND)	COUNTRY PROGRAMMING	430,0	(B)GRANT APPROV/AWRD TRANSFER	47,9	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
70	(70)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMING	430,0	(B)GRANT APPROV/AWRD TRANSFER	170,9	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
71	(71)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	1,779,7	(B)GRANT APPROV/AWRD TRANSFER	97,1	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
72	(72)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,854,6	(B)GRANT APPROV/AWRD TRANSFER	24,8	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, YELLOW FEVER VACCINE	FMV
73	(73)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,090,7	(B)GRANT APPROV/AWRD TRANSFER	17,8	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
74	(74)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	587,8	(B)GRANT APPROV/AWRD TRANSFER	3,5	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
75	(75)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	12,248,2	(B)GRANT APPROV/AWRD TRANSFER	38,5	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
76	(76)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	1,967,2	(B)GRANT APPROV/AWRD TRANSFER	26,9	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
77	(77)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	9,919,8	(B)GRANT APPROV/AWRD TRANSFER	8,4	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
78	(78)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	21,367,7	(B)GRANT APPROV/AWRD TRANSFER	85,6	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT, MEDICAL SUPPLIES	FMV
79	(79)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMING	2,927,7	(B)GRANT APPROV/AWRD TRANSFER	87,6	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
80	(80)		RUSSIA AND EURASIA	COUNTRY PROGRAMMING	2,727,1	(B)GRANT APPROV/AWRD TRANSFER	33,0	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
81	(81)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	7,180,8	(B)GRANT APPROV/AWRD TRANSFER	136,4	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
82	(82)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	267,0	(B)GRANT APPROV/AWRD TRANSFER	8,7	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
83	(83)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	4,236,2	(B)GRANT APPROV/AWRD TRANSFER	34,1	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
84	(84)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	460,0	(B)GRANT APPROV/AWRD TRANSFER	405,9	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
85	(85)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	1,046,7	(B)GRANT APPROV/AWRD TRANSFER	52,2	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
86	(86)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	460,0	(B)GRANT APPROV/AWRD TRANSFER	56,2	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
87	(87)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	9,683,3	(B)GRANT APPROV/AWRD TRANSFER	226,1	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
88	(88)		EUROPE (INCLUDING ICELAND & GREENLAND)	COUNTRY PROGRAMMING	9,033,4	(B)GRANT APPROV/AWRD TRANSFER	113,6	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
89	(89)		RUSSIA AND EURASIA	COUNTRY PROGRAMMING	6,448,1	(B)GRANT APPROV/AWRD TRANSFER	205,5	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
90	(90)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	460,0	(B)GRANT APPROV/AWRD TRANSFER	154,8	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
91	(91)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	1,219,9	(B)GRANT APPROV/AWRD TRANSFER	261,3	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
92	(92)		MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMING	10,539,3	(B)GRANT APPROV/AWRD TRANSFER	33,4	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
93	(93)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	4,596,1	(B)GRANT APPROV/AWRD TRANSFER	174,6	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
94	(94)		SUB-SAHARAN AFRICA	COUNTRY PROGRAMMING	2,158,8	(B)GRANT APPROV/AWRD TRANSFER	34,9	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
95	(95)		VARIOUS REGIONS	COUNTRY PROGRAMMING	141,483,4	(B)GRANT APPROV/AWRD TRANSFER	313,2	ANTIRETROVIRAL SUPPORT EQUIPMENT, COLD CHAIN EQUIPMENT	FMV
96	(96)		EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMING	4,43	(B)GRANT APPROV/AWRD TRANSFER	1,5	ANTIRETROVIRAL SUPPORT EQUIPMENT	FMV
97	(97)		SUB-SAHARAN AFRICA	WORK PLAN	181,5	(B)GRANT APPROV/AWRD TRANSFER	0		
98	(98)		SUB-SAHARAN AFRICA	WORK PLAN	15,2	(B)GRANT APPROV/AWRD TRANSFER	0		
99	(99)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	872,7	(B)GRANT APPROV/AWRD TRANSFER	0		
100	(100)		SUB-SAHARAN AFRICA	WORK PLAN	551,2	(B)GRANT APPROV/AWRD TRANSFER	0		
101	(101)		SUB-SAHARAN AFRICA	WORK PLAN	307,7	(B)GRANT APPROV/AWRD TRANSFER	0		
102	(102)		SUB-SAHARAN AFRICA	WORK PLAN	90,0	(B)GRANT APPROV/AWRD TRANSFER	0		
103	(103)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	32,2	(B)GRANT APPROV/AWRD TRANSFER	0		
104	(104)		EAST ASIA AND THE PACIFIC	WORK PLAN	177,2	(B)GRANT APPROV/AWRD TRANSFER	0		
105	(105)		SUB-SAHARAN AFRICA	WORK PLAN	205,6	(B)GRANT APPROV/AWRD TRANSFER	0		
106	(106)		SUB-SAHARAN AFRICA	WORK PLAN	704,7	(B)GRANT APPROV/AWRD TRANSFER	0		
107	(107)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	415,3	(B)GRANT APPROV/AWRD TRANSFER	0		
108	(108)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	2,038,5	(B)GRANT APPROV/AWRD TRANSFER	0		
109	(109)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	75,8	(B)GRANT APPROV/AWRD TRANSFER	0		
110	(110)		SUB-SAHARAN AFRICA	WORK PLAN	123,6	(B)GRANT APPROV/AWRD TRANSFER	0		
111	(111)		SUB-SAHARAN AFRICA	WORK PLAN	37,5	(B)GRANT APPROV/AWRD TRANSFER	0		
112	(112)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	218,3	(B)GRANT APPROV/AWRD TRANSFER	0		
113	(113)		EAST ASIA AND THE PACIFIC	WORK PLAN	288,9	(B)GRANT APPROV/AWRD TRANSFER	0		
114	(114)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	25,3	(B)GRANT APPROV/AWRD TRANSFER	0		
115	(115)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	87,4	(B)GRANT APPROV/AWRD TRANSFER	0		
116	(116)		SOUTH ASIA	WORK PLAN	174,2	(B)GRANT APPROV/AWRD TRANSFER	0		
117	(117)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	692,5	(B)GRANT APPROV/AWRD TRANSFER	0		
118	(118)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	183,4	(B)GRANT APPROV/AWRD TRANSFER	0		
119	(119)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	141,4	(B)GRANT APPROV/AWRD TRANSFER	0		
120	(120)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	173,7	(B)GRANT APPROV/AWRD TRANSFER	0		
121	(121)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	1,300,0	(B)GRANT APPROV/AWRD TRANSFER	0		
122	(122)		SUB-SAHARAN AFRICA	WORK PLAN	304,5	(B)GRANT APPROV/AWRD TRANSFER	0		
123	(123)		SUB-SAHARAN AFRICA	WORK PLAN	44,3	(B)GRANT APPROV/AWRD TRANSFER	0		
124	(124)		SUB-SAHARAN AFRICA	WORK PLAN	55,1	(B)GRANT APPROV/AWRD TRANSFER	0		
125	(125)		SUB-SAHARAN AFRICA	WORK PLAN	142,8	(B)GRANT APPROV/AWRD TRANSFER	0		
126	(126)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	93,8	(B)GRANT APPROV/AWRD TRANSFER	0		
127	(127)		SUB-SAHARAN AFRICA	WORK PLAN	464,8	(B)GRANT APPROV/AWRD TRANSFER	0		
128	(128)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	114,9	(B)GRANT APPROV/AWRD TRANSFER	0		
129	(129)		SOUTH ASIA	WORK PLAN	68,5	(B)GRANT APPROV/AWRD TRANSFER	0		
130	(130)		SOUTH ASIA	WORK PLAN	166,9	(B)GRANT APPROV/AWRD TRANSFER	0		
131	(131)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	158,6	(B)GRANT APPROV/AWRD TRANSFER	0		
132	(132)		SOUTH ASIA	WORK PLAN	154,6	(B)GRANT APPROV/AWRD TRANSFER	0		
133	(133)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	850,7	(B)GRANT APPROV/AWRD TRANSFER	0		
134	(134)		SUB-SAHARAN AFRICA	WORK PLAN	1,480,4	(B)GRANT APPROV/AWRD TRANSFER	0		
135	(135)		SUB-SAHARAN AFRICA	WORK PLAN	233,5	(B)GRANT APPROV/AWRD TRANSFER	0		
136	(136)		SUB-SAHARAN AFRICA	WORK PLAN	553,5	(B)GRANT APPROV/AWRD TRANSFER	0		
137	(137)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	25,9	(B)GRANT APPROV/AWRD TRANSFER	0		
138	(138)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	211,2	(B)GRANT APPROV/AWRD TRANSFER	0		
139	(139)		EAST ASIA AND THE PACIFIC	WORK PLAN	65,5	(B)GRANT APPROV/AWRD TRANSFER	0		
140	(140)		EAST ASIA AND THE PACIFIC	WORK PLAN	312,4	(B)GRANT APPROV/AWRD TRANSFER	0		
141	(141)		SUB-SAHARAN AFRICA	WORK PLAN	26,7	(B)GRANT APPROV/AWRD TRANSFER	0		
142	(142)		SUB-SAHARAN AFRICA	WORK PLAN	151,8	(B)GRANT APPROV/AWRD TRANSFER	0		
143	(143)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	12,7	(B)GRANT APPROV/AWRD TRANSFER	0		
144	(144)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	312,5	(B)GRANT APPROV/AWRD TRANSFER	0		
145	(145)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	265,8	(B)GRANT APPROV/AWRD TRANSFER	0		
146	(146)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	4,055,4	(B)GRANT APPROV/AWRD TRANSFER	0		
147	(147)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORK PLAN	26,5	(B)GRANT APPROV/AWRD TRANSFER	0		
148	(148)		EAST ASIA AND THE PACIFIC	WORK PLAN	215,6	(B)GRANT APPROV/AWRD TRANSF

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 IN-COUNTRY; (3) FOR CASH GRANTS - RISK-BASED PROGRAMME AUDITS 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, DEVELOPING COUNTRY GOVERNMENTS, DEVELOPING 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 STRENGTHEN RISK MANAGEMENT, INTERNAL CONTROL AND GOVERNANCE PROCESSES IN THE ORGANIZATION. THE WORK OF AUDIT AND INVESTIGATIONS EXTENDS NOT ONLY TO THE SECRETARIAT, BUT ALSO TO THE PROGRAMS AND ACTIVITIES OF GAVI'S GRANT RECIPIENTS, PARTNERS AND THE FACILITY. AUDIT AND INVESTIGATIONS IS LED BY A MANAGING DIRECTOR WHO REPORTS TO THE GAVI BOARD, THROUGH ROUTINE REPORTING TO THE AUDIT AND FINANCE COMMITTEE, AND TO 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

2021

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 AVENUE NW SUITE 7100 WASHINGTON DC,DC 20006	06-1389829	501(C)(3)	234,435	0			PARTNER SUPPORT
(2) CDC 1600 CLIFTON ROAD ATLANTA,GA 30303	58-6051157	CDC	1,339,135	0			PARTNER SUPPORT
(3) CDC FOUNDATION 600 PEACHTREE ST NE SUITE 1000 ATLANTA,GA 30303	58-2106707	501(C)(3)	3,553,308	0			PARTNER SUPPORT
(4) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVENUE SUITE 400 BOSTON,MA 02127	27-1414646	501(C)(3)	4,018,541	0			PARTNER SUPPORT
(5) FRAYM INC 3101 WILSON BLVD SUITE 300 ARLINGTON,VA 22201	81-3857001		67,500	0			PARTNER SUPPORT
(6) INTERNATIONAL ORGANISATION FOR MIGRANTS 399 PARK AVENUE NEW YORK,NY 10022			349,000	0			PARTNER SUPPORT
(7) HARVARD - PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSSETS AVENUE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	51,505	0			PARTNER SUPPORT
(8) JHPIEGO 1615 THAMES STREET BALTIMORE,MD 21231	23-7424444	501(C)(3)	299,137	0			PARTNER SUPPORT
(9) JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET SUITE D200 BALTIMORE,MD 21218	52-0595110	501(C)(3)	887,517	0			PARTNER SUPPORT
(10) JSI RESEARCH & TRAINING INSTITUTE INC 2733 CRYSTAL DRIVE 4TH FLOOR ARLINGTON,VA 22202	04-2679824	501(C)(3)	4,345,616	0			PARTNER SUPPORT
(11) KANTAR LLC 3333 WARRENVILLE ROAD SUITE 400 LISLE,IL 60532	81-3314059		489,812	0			PARTNER SUPPORT
(12) KATI COLLECTIVE INC 13346 108TH AVENUE SW VASHON,WA 98070	84-3168072		222,931	0			PARTNER SUPPORT
(13) MASTERCARD INTERNATIONAL INC 200 PURCHASE STREET PURCHASE NEW YORK,NY 10577	95-2536378		565,445	0			PARTNER SUPPORT
(14) NEXLEAF ANALYTICS	90-0514027	501(C)(3)	648,511	0			PARTNER SUPPORT

1964 WESTWOOD BLVD LOS ANGELES,CA 90025							
(15) PAN AMERICAN SANITARY BUREAU 525 TWENTY-THIRD STEET NW WASHINGTON DC,DC 20037	52-1804954	PASB	7,009,203	0			PARTNER SUPPORT
(16) PARSYL INC 2714 WALNUT STREET DENVER,CO 80205	81-4027966		50,000	0			PARTNER SUPPORT
(17) PATH 2201 WESTLAKE AVENUE SEATTLE,WA 98109	91-1157127	501(C)(3)	3,505,710	0			PARTNER SUPPORT
(18) PREMISE DATA CORPORATION 185 BERRY STREET SUITE 6850 SAN FRANCISCO,CA 94107	45-5294131		658,341	0			PARTNER SUPPORT
(19) RESULTS FOR DEVELOPMENT INSTITUTE 1111 19TH STREET NW SUITE 700 WASHINGTON DC,DC 20036	20-8530747	501(C)(3)	407,299	0			PARTNER SUPPORT
(20) THE DIFFERENCE A2C LLC 661 AUBURN AVENUE NE SUITE 5 ATLANTA,GA 30312	26-1133788		77,700	0			PARTNER SUPPORT
(21) THE ASPEN INSTITUTE 2300 N STREET NW SUITE 700 WASHINGTON DC,DC 20037	84-0399006	501(C)(3)	72,536	0			PARTNER SUPPORT
(22) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131ST STREET NEW YORK,NY 10027	13-5598093		811,984	0			PARTNER SUPPORT
(23) THE WORLD BANK (IBRD) 1818 H STREET WASHINGTON DC,DC 20433	98-0002549	THE WORLD BANK	4,119,045	0			PARTNER SUPPORT
(24) UNICEF 333 EAST 38TH STREET NEW YORK,NY 10116	13-1760110	501(C)(3)	56,708,099	0			PROCUREMENT FEE & PARTNER SUPPORT
(25) VILLAGE REACH 2900 EASTLAKE AVE E SUITE 230 SEATTLE,WA 98102	91-2083484	501(C)(3)	1,163,523	0			PARTNER SUPPORT
(26) YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	312,980	0			PARTNER SUPPORT
(27) ZENYSIS TECHNOLOGIES INC 2325 3RD ST NUMBER 213 SAN FRANCISCO,CA 94107	81-0929294		1,504,972	0			PARTNER SUPPORT
(28) JOHN SNOW INC 44 FARNSWORTH STREET BOSTON,MA 02210	04-2578580		168,307	0			PARTNER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 13

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 MADE TO ENTITIES INSIDE THE US AND SUBSEQUENTLY DISBURSED IN GAVI PROGRAMME COUNTRIES AS DESCRIBED IN SCHEDULE F, PART V. ANY GRANT FUNDS MADE TO ENTITIES INSIDE THE US AND USED INSIDE THE US ARE MONITORED THROUGH THE FOLLOWING WAYS: (I) THROUGH, AT MINIMUM, 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 STAFF BUSINESS OWNER; AND (II) ARE SUBJECT TO GAVI INTERNAL AUDIT AS APPROPRIATE.

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

2021

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**	Yes	
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, 1099-MISC compensation, and/or 1099-NEC			**(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)	429,115	4,248	263,102	96,702	21,272	814,439	0
	(ii)	0	0	0	0	0	0	0
2ANURADHA GUPTA DEPUTY CHIEF EXECUTIVE OFFICER	(i)	340,948	6,819	0	76,833	11,501	436,101	0
	(ii)	0	0	0	0	0	0	0
3SIMON LAMB MNG DIR, AUDIT & INVESTIGATIONS	(i)	282,041	5,641	0	63,558	10,774	362,014	0
	(ii)	0	0	0	0	0	0	0
4PASCAL BAROLLIER MANAGING DIR, PUBLIC ENGAGEMENT & IS	(i)	267,240	2,646	0	59,970	26,934	356,790	0
	(ii)	0	0	0	0	0	0	0
5ALEX DE FAUQUE DE JONQUIERES DIR, HEALTH SYS. & IMMUNE. STRENGTH.	(i)	232,877	2,305	52,906	51,041	14,630	353,759	0
	(ii)	0	0	0	0	0	0	0
6EDMUND GROVE DIRECTOR PROGRAMME AUDIT	(i)	226,355	2,241	52,906	49,375	14,630	345,507	0
	(ii)	0	0	0	0	0	0	0
7ANDREW MENDS DIRECTOR OPERATIONS	(i)	225,265	2,230	52,906	49,038	14,630	344,069	0
	(ii)	0	0	0	0	0	0	0
8MARIE-ANGE SARAKA-YAO MNG DIR, RESOURCE MOBL./PARTNERSHIPS	(i)	273,464	2,708	0	61,626	5,387	343,185	0
	(ii)	0	0	0	0	0	0	0
9AURELIA NGUYEN MNG DIR OFFICE OF THE COVAX FACILITY	(i)	269,871	2,664	0	60,643	9,243	342,421	0
	(ii)	0	0	0	0	0	0	0
10ANTHONY BROWN SENIOR LEGAL COUNSEL - UNTIL 05/2021	(i)	75,120	1,800	233,875	15,785	3,476	330,056	0
	(ii)	0	0	0	0	0	0	0
11THABANI MAPHOSA MANAGING DIR, COUNTRY PROGRAMMES	(i)	223,457	2,212	26,453	48,577	18,425	319,124	0
	(ii)	0	0	0	0	0	0	0
12BRENDA KILLEN DIRECTOR, GOVERNANCE	(i)	204,944	1,186	52,906	43,809	14,630	317,475	0
	(ii)	0	0	0	0	0	0	0
13ASSIETOU DIOUF MANAGING DIR, FINANCE & OPERATIONS	(i)	231,997	2,297	0	50,849	21,547	306,690	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, 2021, THE CHIEF EXECUTIVE OFFICER RECEIVED A HOUSING ALLOWANCE WHICH WAS TREATED AS TAXABLE COMPENSATION.
PART I, LINE 4A	ANTHONY BROWN, SENIOR LEGAL COUNCIL, RECEIVED A SEVERANCE PAYMENT OF $210,566 DURING THE YEAR ENDED DECEMBER 31, 2021.
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 2020 388,682 15,394 136,189 48,400 18,000 87,590 19,460 2021 392,567 3,887 174,293 48,400 18,000 88,466 19,460 BRENDA KILLEN 2020 108,285 0 0 48,400 0 23,147 7,807 2021 187,489 1,085 0 48,400 0 40,078 13,384 ASSIETOU DIOUF 2020 210,423 0 0 0 0 46,057 19,712 2020 212,237 2,102 0 0 0 46,518 19,712 ANURADHA GUPTA 2020 311,909 15,595 0 0 0 70,289 9,856 2021 311,909 6,238 0 0 0 70,289 10,521 THABANI MAPHOSA 2020 202,403 0 0 48,400 0 44,000 13,384 2021 204,425 2,024 0 24,200 0 44,440 16,856 PASCAL BAROLLIER 2020 242,397 0 0 0 0 54,319 21,784 2021 244,479 2,421 0 0 0 54,862 24,640 MARIE-ANGE SARAKA-YAO 2020 248,042 0 0 0 0 55,818 4,928 2021 250,173 2,477 0 0 0 56,377 4,928 AURELIA NGUYEN 2020 244,778 0 0 0 0 54,929 8,456 2021 246,886 2,437 0 0 0 55,478 8,456 SIMON LAMB 2020 258,020 5,160 0 0 0 58,146 9,856 2021 258,020 5,160 0 0 0 58,145 9,856 ALEX DE FAUQUE DE JONQUIERES 2020 211,221 0 0 48,400 0 46,232 13,384 2021 213,043 2,109 0 48,400 0 46,694 13,384 EDMUND GROVE 2020 205,444 0 0 48,400 0 44,723 13,384 2021 207,076 2,050 0 48,400 0 45,170 13,384 ANDREW MENDS 2020 204,320 0 0 48,400 0 44,417 13,384 2021 206,079 2,040 0 48,400 0 44,861 13,384 ANTHONY BROWN 2021 278,234* 1,646 4,444 0 0 14,441 3,180 * THIS AMOUNT INCLUDES SEVERANCE PAYMENT AND PAID HOLIDAYS. THE CHF-USD EXCHANGE RATE IS 1.07120 IN 2020 AND 1.0931 IN 2021 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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	5	274,800	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	592,967,865	4,406,449,191	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	GAVI REPORTS THE NUMBER OF ITEMS CONTRIBUTED IN PART I, COLUMN (B), LINE 6 AND NUMBER OF DOSES IN LINE 20.

Additional Data

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SCHEDULE O
(Form 990)

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

2021

Open to Public Inspection

Name of the organization
GAVI ALLIANCE

Employer identification number

98-0593375

Return Reference	Explanation
FORM 990, BOX 5	GAVI IS AN INDEPENDENT NON-PROFIT FOUNDATION WITHIN THE MEANING OF ARTICLES 80 ET SEQ. OF THE SWISS CIVIL CODE. IT IS REGISTERED AT THE REGISTRY OF COMMERCE OF THE CANTON OF GENEVA AND PLACED UNDER THE SUPERVISION OF THE SWISS SUPERVISORY BOARD FOR FOUNDATIONS.
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 318.
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 REPORTING, ACCOUNTING AND CONTROLLING (HFRAC) FOR REVIEW. THE HFRAC 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 HFRAC. 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. DECLARATIONS OF INTERESTS OF PARTICIPATING BOARD AND COMMITTEE MEMBERS ARE ALSO SHARED AS PART OF THE ADVANCE MATERIAL FOR EACH MEETING. 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. RECUSALS AND/OR ABSTENTIONS FROM ANY DISCUSSIONS AND VOTES ARE NOTED IN THE MINUTES OF THE RELEVANT MEETING.
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 44 VOTING BOARD MEMBERS. HOWEVER ONLY 26 VOTES COULD BE CAST WHICH ARE PRINCIPAL BOARD MEMBERS. THE 18 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 6,230,164. RECOVERY OF PRIOR YEAR GRANT 14,544,886. PROVISIONAL CONTRIBUTIONS RECEIVABLE -1,000,000.

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

2021

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?		(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	

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	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		No
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	1,449,477,500	COST
(2)INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	N	191,382	FMV
(3)INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	O	750,242	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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