Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

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
(202) 478-1050

G Gross receipts $ 2,734,373,000

F Name and address of principal officer:
FRANCOIS NOTE
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**	42
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	42
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	20
6	Total number of volunteers (estimate if necessary)	**6**	56
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)	2,270,153,588	2,010,626,442
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	351,162,977	367,672,160
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,894,106	169,118,682
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,630,210,671	2,547,417,284
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,524,403,694	2,912,788,961
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)	85,323,553	101,701,752
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 36,654,264		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	99,872,542	99,041,430
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,709,599,789	3,113,532,143
19	Revenue less expenses. Subtract line 18 from line 12	-1,079,389,118	-566,114,859

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,301,246,567	9,505,640,020
21	Total liabilities (Part X, line 26)	2,805,930,145	2,398,212,512
22	Net assets or fund balances. Subtract line 21 from line 20	7,495,316,422	7,107,427,508

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2025-10-15
FRANCOIS NOTE CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2025-10-15		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 $ 3,021,136,527 including grants of $ 2,912,788,961) (Revenue $)

THE VACCINE GOAL: INTRODUCE AND SCALE UP VACCINESIN 2024, LOWER-INCOME COUNTRIES PROTECTED MORE PEOPLE, AGAINST MORE DISEASES, THAN ANY YEAR IN HISTORY.- 58 GAVI-SUPPORTED VACCINE INTRODUCTIONS AND PREVENTIVE CAMPAIGNS TOOK PLACE IN 2024 IN ADDITION TO 50 OUTBREAK RESPONSE VACCINATION CAMPAIGNS SUPPORTED BY GAVI.- 32.6 MILLION GIRLS FULLY IMMUNIZED AGAINST HPV WITH GAVI SUPPORT IN 2024 ALONE MORE THAN THE PREVIOUS TEN YEARS COMBINED.- 17 COUNTRIES ACCESSED CHOLERA, MENINGOCOCCAL AND YELLOW FEVER VACCINES THROUGH GAVI-SUPPORTED EMERGENCY STOCKPILES A TOTAL OF 44 TIMES IN 2024.- 57 GAVI-SUPPORTED COUNTRIES INCREASED BREADTH OF PROTECTION WITH VACCINES IN THE GAVI PORTFOLIO TO 63%, UP 8 PERCENTAGE POINTS FROM 2023.THE EQUITY GOAL: STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNIZATIONIN GAVI 5.0/5.1, HEALTH SYSTEM STRENGTHENING (HSS) SUPPORT PRIORITIZES EQUITY IN IMMUNISATION DELIVERY, TO REDUCE THE NUMBER OF ZERO-DOSE AND UNDER-IMMUNIZED CHILDREN.- >72 MILLION CHILDREN WERE REACHED WITH GAVI-SUPPORTED ROUTINE VACCINES IN 2024 MORE THAN IN ANY YEAR PREVIOUSLY.- 48 COUNTRIES HAVE INSTALLED MORE THAN 64,000 COLD CHAIN EQUIPMENT (CCE) UNITS PROCURED BY UNICEF SUPPLY DIVISION THROUGH GAVI'S COLD CHAIN EQUIPMENT OPTIMIZATION PLATFORM (CCEOP) NEARLY 2,700 IN 2024 ALONE.- AVERAGE COVERAGE OF DTP3 IN 26 LOW-INCOME COUNTRIES SUPPORTED BY GAVI IS NOT YET BACK TO PRE-PANDEMIC LEVELS (I.E. 75% IN 2019) WHILE LOWER-INCOME COUNTRIES EXCEEDED 2019 COVERAGE BY 1 PP, REACHING 87% IN 2024.- IN 2024, GAVI-SUPPORTED COUNTRIES INCREASED DTP3 COVERAGE AT 82% (COMPARED TO THE 85% GLOBAL AVERAGE).THE SUSTAINABILITY GOAL: IMPROVE SUSTAINABILITY OF IMMUNIZATION PROGRAMS2024 WAS ANOTHER RECORD-BREAKING YEAR FOR CO-FINANCING: EVEN COUNTRIES FACING SIGNIFICANT CHALLENGES INCREASED THEIR COMMITMENT TO IMMUNIZATION.- US $255 MILLION WAS CONTRIBUTED BY COUNTRIES TOWARDS THE CO-FINANCING OF GAVI-SUPPORTED VACCINES IN 2024 THE HIGHEST AMOUNT YET AND A TESTAMENT TO COUNTRY OWNERSHIP AND THE LONG-TERM FINANCIAL SUSTAINABILITY OF GAVI-SUPPORTED VACCINES.- 55 VACCINE PROGRAMS ORIGINALLY INTRODUCED WITH GAVI FUNDING ARE NOW SELF-FINANCED BY COUNTRIES AS OF 2023, UP FROM 40 IN 2018.- 100% OF COUNTRIES FULLY MET THEIR 2024 CO-FINANCING OBLIGATION EXCEPT SIX WAIVERS FOR HUMANITARIAN CRISIS.- IN THE FACE OF FISCAL CHALLENGES, CLIMATE CHANGE, CONFLICT AND INSTABILITY, MOST GAVI-SUPPORTED COUNTRIES MAINTAINED OR INCREASED DOMESTIC RESOURCES FOR CO-FINANCING OF GAVI-SUPPORTED VACCINES IN 2024, BRINGING TO US $1.9 BILLION THEIR TOTAL CONTRIBUTION SINCE THE INTRODUCTION OF THE CO-FINANCING POLICY IN 2008.THE HEALTHY MARKETS GOAL: ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTSGAVI'S MARKET SHAPING EFFORTS MAKE LIFE-SAVING VACCINES AND OTHER IMMUNISATION PRODUCTS MORE ACCESSIBLE AND AFFORDABLE FOR LOWER-INCOME COUNTRIES.- 10 MARKETS FOR VACCINES AND IMMUNISATION PRODUCTS EXHIBITED ACCEPTABLE LEVELS OF HEALTHY MARKET DYNAMICS IN 2024, MEETING THE TARGET FOR THE YEAR.- 12 INNOVATIVE PRODUCTS WERE WITHIN THE PIPELINE OF COMMERCIAL-SCALE MANUFACTURERS IN 2024, CONTINUING TO EXCEED THE ALLIANCE TARGET OF 8 BY 2025 WELL AHEAD OF SCHEDULE.- 500,000 MPOX VACCINE DOSES WITHIN A MONTH OF THE WHO EMERGENCY DECLARATION.- THROUGH GAVI'S MARKET SHAPING EFFORTS, THE NUMBER OF MANUFACTURERS SUPPLYING PREQUALIFIED GAVI-SUPPORTED VACCINES REMAINED AT 20 IN 2024 (WITH MORE THAN HALF BASED IN LOW- AND MIDDLE-INCOME COUNTRIES) COMPARED WITH 5 IN 2001.FURTHER INFORMATION ON GAVI'S PROGRESS TOWARDS ACHIEVING ITS STRATEGIC GOALS CAN BE FOUND IN ITS 2024 ANNUAL PROGRESS REPORT, ONLINE AT: HTTPS://WWW.GAVI.ORG/PROGRAMMES-IMPACT/OUR-IMPACT/PROGRESS-REPORTS.

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

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

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

4e **Total program service expenses** 3,021,136,527

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	59		
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**	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**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?			**13a**	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**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	If "Yes," complete Form 4720, Schedule O. 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, or any disqualified or other person 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**	42		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	42		
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:
FRANCOIS NOTE 40 CHEMIN DU POMMIER 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, box 6 of 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) JOSE MANUEL BARROSO CHAIR	3.00 0.00	X						0	0	0
(2) OMAR ABDI VICE CHAIR - AS OF 01/24	3.00 0.00	X						0	0	0
(3) KWAKU AGYEMAN-MANU BOARD MEMBER - UNTIL 10/24	3.00 0.00	X						0	0	0
(4) TAKESHI AKAHORI BOARD MEMBER - UNTIL 07/24	3.00 0.00	X						0	0	0
(5) BETH ARTHY BOARD MEMBER - UNTIL 08/24	3.00 0.00	X						0	0	0
(6) ANAHIT AVANYESAN BOARD MEMBER - UNTIL 12/24	3.00 0.00	X						0	0	0
(7) BRUCE AYLWARD BOARD MEMBER	3.00 0.00	X						0	0	0
(8) KARIN BERLIN BOARD MEMBER - AS OF 01/24	3.00 0.00	X						0	0	0
(9) AWA MARIE COLL SECK BOARD MEMBER	3.00 0.00	X						0	0	0
(10) MEKDES DABA BOARD MEMBER - AS OF 04/24	3.00 0.00	X						0	0	0
(11) JEREMIE FORRAT-JAIME BOARD MEMBER - UNTIL 09/24	3.00 0.00	X						0	0	0
(12) ATUL GAWANDE BOARD MEMBER - AS OF 01/24	3.00 0.00	X						0	0	0
(13) MOHAMED JAMA BOARD MEMBER - AS OF 01/24	3.00 0.00	X						0	0	0
(14) ROBERT LUCIEN KARGOUGOU BOARD MEMBER	3.00 0.00	X						0	0	0
(15) NAGUIB KHERAJ BOARD MEMBER - UNTIL 07/24	3.00 0.00	X						0	0	0
(16) RUTH LAWSON BOARD MEMBER - AS OF 08/24	3.00 0.00	X						0	0	0
(17) BVUDZAI MAGADZIRE BOARD MEMBER - AS OF 01/24	3.00 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) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(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
(18) VIOLAINE MITCHELL BOARD MEMBER	3.00 0.00	x						0	0	0
(19) KAZUHIKO NAKAMURA BOARD MEMBER - AS OF 09/24	3.00 0.00	x						0	0	0
(20) SAAD OMER BOARD MEMBER	3.00 0.00	x						0	0	0
(21) ANDREW DREW OTOO BOARD MEMBER	3.00 0.00	x						0	0	0
(22) CLARISSE PAOLINI BOARD MEMBER -FROM 09/24-12/24	3.00 0.00	x						0	0	0
(23) SAI PRASAD BOARD MEMBER	3.00 0.00	x						0	0	0
(24) MPHU RAMATLAPENG BOARD MEMBER - UNTIL 06/24	3.00 0.00	x						0	0	0
(25) TERESA RESSEL BOARD MEMBER - UNTIL 12/24	3.00 0.00	x						0	0	0
(26) BUDI GUNADI SADIKIN BOARD MEMBER - AS OF 01/24	3.00 0.00	x						0	0	0
(27) DEENA SHIFF BOARD MEMBER	3.00 0.00	x						0	0	0
(28) ANNE SHUCHAT BOARD MEMBER	3.00 0.00	x						0	0	0
(29) DAVID SIDWELL BOARD MEMBER - AS OF 08/24	3.00 0.00	x						0	0	0
(30) KAREN SORENSEN BOARD MEMBER - AS OF 06/24	3.00 0.00	x						0	0	0
(31) LIA TADESSE BOARD MEMBER - UNTIL 04/24	3.00 0.00	x						0	0	0
(32) JUAN PABLO URIBE BOARD MEMBER	3.00 0.00	x						0	0	0
(33) YIBING WU BOARD MEMBER	3.00 0.00	x						0	0	0
(34) SOLEH AYUBI ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(35) JOAN BENSON ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(36) BERNARD OKOE BOYE ALT. BOARD MEMBER - AS OF 10/24	3.00 0.00	x						0	0	0
(37) FRODE FORLAND ALT. BOARD MEMBER - AS OF 12/24	3.00 0.00	x						0	0	0
(38) MELLISSA HISKO ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(39) NADEEM JAN ALT. BOARD MEM. -FROM 01/24-07/24	3.00 0.00	x						0	0	0
(40) GEORGE LARYEA-ADJEI ALT. BOARD MEMBER - AS OF 01/24	3.00 0.00	x						0	0	0
(41) SILVIA LUTUCUTA ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(42) NADEEM MAHBUB ALT. BOARD MEM. - AS OF 07/24	3.00 0.00	x						0	0	0
(43) FRANCESCA MANNO ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(44) BRIAN ERAZO MUNOZ ALT. BOARD MEMBER - AS OF 12/24	3.00 0.00	x						0	0	0
(45) KATE O'BRIEN ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(46) KRISTINE HUSOY ONARHEIM ALT. BOARD MEM. -FROM 01/24-11/24	3.00 0.00	x						0	0	0
(47) LEILA GHARAGOZLOO PAKKALA ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(48) MICHAEL KENT RANSON ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(49) EDUARDO HUMBERTO RETES ALT. BOARD MEMBER - UNTIL 06/24	3.00 0.00	x						0	0	0
(50) ALEXANDRA RUDOLPH-SEEMANN ALT. BOARD MEMBER - AS OF 01/24	3.00 0.00	x						0	0	0
(51) LUCAS DE TOCA ALT. BOARD MEMBER - AS OF 01/24	3.00 0.00	x						0	0	0
(52) ONEI UETELA ALT. BOARD MEMBER - AS OF 01/24	3.00 0.00	x						0	0	0
(53) LYONPO TANDIN WANGCHUCK ALT. BOARD MEMBER - AS OF 05/24	3.00 0.00	x						0	0	0
(54) DECHEM WANGMO ALT. BOARD MEM. -FROM 01/24-05/24	3.00 0.00	x						0	0	0
(55) RHODA WANYENZE ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(56) GREG WIDMYER ALT. BOARD MEMBER	3.00 0.00	x						0	0	0
(57) DAVID MARLOW COO & ACTING CFO - UNTIL 06/24	38.00 2.00			X				785,820	0	84,025
(58) DR SANIA NISHTAR CEO - AS OF 03/24	38.00 2.00			X				378,553	0	77,896
(59) ASSIETOU DIOUF CHIEF FIN. OFFICER - UNTIL 04/24	39.00 1.00			X				417,970	0	21,532
(60) BRENDA KILLEN DIRECTOR, GOVERNANCE	34.00 6.00			X				223,961	0	67,641
(61) FRANCOIS NOTE CHIEF FIN. OFF. - AS OF 06/24	38.50 1.50			X				148,298	0	47,443
(62) MARIE-ANGE SARAKA-YAO CHIEF RES. MOB. AND GROWTH OFF.	40.00 0.00				X			329,569	0	71,576
(63) PASCAL BAROLLIER CHIEF ENG. AND INFORMATION	40.00 0.00				X			293,386	0	82,920
(64) THABANI MAPHOSA CHIEF COUNTRY DELIVERY	40.00 0.00				X			264,770	0	78,231
(65) DERRICK SIM ACT. CH. VACC. PRGM. & MKT. OFF.	40.00 0.00				X			245,056	0	70,750
(66) AURELIA NGUYEN CHIEF PRGRM. OFF. - UNTIL 09/24	40.00 0.00				X			252,536	0	57,344
(67) ROSEMARY OWINO - SR MNGR FIN. MGMT SPEC. - UNTIL 12/24	40.00 0.00					X		398,226	0	47,841
(68) ANDREW MENDS DIRECTOR OPERATIONS & PROCUREMENT	40.00 0.00					X		311,164	0	73,245
(69) ALEX DE JONQUIERES DIR., HEALTH SYS. & IMM. STRNG.	40.00 0.00					X		311,268	0	69,301
(70) EDMUND GROVE DIRECTOR PROGRAMME AUDIT	40.00 0.00					X		305,955	0	67,278
(71) CHARLES WHETHAM DIR., GRANT MGMT. TRANSFORMATION	40.00 0.00					X		293,712	0	62,923
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,960,244	0	979,946

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 456

		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*		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*	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*		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
TECH MAHINDRA LIMITED OFF KAVE ROAD PUNE 411004 IN	IT SERVICES	9,536,741
HELVETIC PAYROLL SA RUE DU LAUSANNE 44 GENEVA 1201 SZ	TEMPORARY STAFFING, (SALARY HOSTING)	4,947,528
MCKINSEY AND COMPANY INC BLEICHERWEG 30 ZURICH 8002 SZ	CONSULTING SERVICES	3,772,696
NTT DATA SPAIN SL MADRID 1 RUE PR-DE-LA-BICHETTE GENEVA 1202 SZ	CONSULTING SERVICES	1,885,505
LINKLATERS LLP ONE SILK STREET LONDON EC2Y 8HQ UK	LEGAL SERVICES	1,559,523

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 206

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	365,836,386			
e Government grants (contributions) 1e	1,621,557,263			
f All other contributions, gifts, grants, and similar amounts not included above 1f	23,232,793			
g Noncash contributions included in lines 1a - 1f:$ 1g	2,320,380			
h **Total.** Add lines 1a-1f	2,010,626,442			
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)	344,129,080			344,129,080
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	210,479,790	19,006		
b Less: cost or other basis and sales expenses 7b	186,955,716	0		
c Gain or (loss) 7c	23,524,074	19,006		
d Net gain or (loss)	23,543,080			23,543,080
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 . .				
Other Revenue	Business Code			
11a FC TRANSLATION ADJ.	900099	169,116,375		169,116,375
b OTHER REVENUE	900099	2,307		2,307
OtherRevenueMiscAmt c				
d All other revenue				
e **Total.** Add lines 11a–11d		169,118,682		
12 **Total revenue.** See instructions		2,547,417,284	0	0	536,790,842

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	151,169,405	151,169,405		
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.	2,761,619,556	2,761,619,556		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,999,278	2,442,360	1,010,220	546,698
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	67,377,749	41,147,546	17,021,052	9,209,151
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,120,458	8,012,655	3,314,503	1,793,300
9 Other employee benefits	15,615,440	9,536,339	3,944,779	2,134,322
10 Payroll taxes	1,588,827	970,296	401,370	217,161
11 Fees for services (non-employees):				
a Management				
b Legal	1,333,393		1,333,393	
c Accounting	922,839		922,839	
d Lobbying	228,000	228,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,367,479		4,367,479	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,911,340	26,612,525	15,021,378	15,277,437
12 Advertising and promotion	911,681	260,817	9,506	641,358
13 Office expenses	9,418,879	6,018,108	1,950,843	1,449,928
14 Information technology	5,132,714	3,322,158	1,064,133	746,423
15 Royalties				
16 Occupancy	3,019,682	1,929,399	625,438	464,845
17 Travel	8,423,204	5,546,767	1,168,310	1,708,127
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,164,755	1,443,839	1,506,004	2,214,912
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	890,005	568,661	184,338	137,006
23 Insurance	473,828	302,748	98,140	72,940
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	1,795,893		1,795,893	
b REGISTERED CHARITY FEES	39,367			39,367
c MAINTENANCE & REPAIR	8,371	5,348	1,734	1,289
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,113,532,143	3,021,136,527	55,741,352	36,654,264
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).	44,081,947	28,995,945	8,506,153	6,579,849

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		14,300,731	1	55,861,227
	2	Savings and temporary cash investments		6,808,004,210	2	6,775,243,939
	3	Pledges and grants receivable, net		1,506,164,534	3	738,930,668
	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		154,105,390	9	81,025,477
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,911,996			
	b	Less: accumulated depreciation	10b 6,390,908	1,455,031	10c	2,521,088
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,301,455,921	12	1,404,524,550
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		515,760,750	15	447,533,071
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		10,301,246,567	16	9,505,640,020
Liabilities	17	Accounts payable and accrued expenses		230,456,601	17	40,534,829
	18	Grants payable		463,446,843	18	463,074,247
	19	Deferred revenue		1,067,371,453	19	949,151,984
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,044,655,248	25	945,451,452
	26	**Total liabilities.** Add lines 17 through 25		2,805,930,145	26	2,398,212,512
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		1,761,702,186	27	2,864,282,982
	28	Net assets with donor restrictions		5,733,614,236	28	4,243,144,526
		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		7,495,316,422	32	7,107,427,508
	33	Total liabilities and net assets/fund balances		10,301,246,567	33	9,505,640,020

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,547,417,284
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,113,532,143
3	Revenue less expenses. Subtract line 2 from line 1	3	-566,114,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,495,316,422
5	Net unrealized gains (losses) on investments	5	91,054,867
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	87,171,078
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	7,107,427,508

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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

2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	2,433,703,395	16,367,570,660	4,419,094,530	2,270,153,588	2,010,626,442	27,501,148,615
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	2,433,703,395	16,367,570,660	4,419,094,530	2,270,153,588	2,010,626,442	27,501,148,615
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) . .						3,612,515,981
6 **Public support.** Subtract line 5 from line 4.						23,888,632,634

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	2,433,703,395	16,367,570,660	4,419,094,530	2,270,153,588	2,010,626,442	27,501,148,615
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	16,200,090	11,257,940	93,043,467	349,559,545	344,129,080	814,190,122
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.). .	27,180	186,856	6,746	5,029,373	2,307	5,252,462
11 **Total support.** Add lines 7 through 10						28,320,591,199

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 2024 (line 6, column (f) divided by line 11, column (f))	**14**	84.350 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	**15**	84.910 %

16a **33 1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 - 2020 AMOUNT: $ 27,180. 2021 AMOUNT: $ 186,856. 2022 AMOUNT: $ 6. 2023 AMOUNT: $ 5,029,373. 2024 AMOUNT: $ 2,307. TAX REFUND - 2022 AMOUNT: $ 6,740.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
GAVI ALLIANCE

Employer identification number
98-0593375

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GAVI ALLIANCE

Employer identification number
98-0593375

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

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

Name of organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
GAVI ALLIANCE

Employer identification number
98-0593375

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ _____

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

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

2024

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) 2021	(b) 2022	(c) 2023	(d) 2024	(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		228,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			228,000
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)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
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 July 25, 2006, 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		1,680,940	113,190	1,567,750
d Equipment		1,601,604	1,122,049	479,555
e Other		5,629,452	5,155,669	473,783
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				2,521,088

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	590,608,108	F
(B) REGISTERED INVESTMENT COMPANIES	813,916,442	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,404,524,550	

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	
PROCUREMENT ACCOUNTS PAYABLE	721,177,380
PAYABLE ON COVAX FACILITY ARRANGEMENTS	205,156,870
REFUNDABLE ADVANCE	4,462,895
OPERATING LEASE OBLIGATION	11,391,513
FOREIGN CURRENCY FORWARD CONTRACTS PAYABLE	3,262,794
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	945,451,452

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 lV, 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 RECOGNISES 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 2024 AND 2023 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 2024, THE STATUTES OF LIMITATIONS FOR TAX YEARS 2021 THROUGH 2023 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 2024 AND 2023, GAVI HAD NO ACCRUED INTEREST OR PENALTIES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990) (Rev. January 2025)

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

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)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		24,470,965
(2)	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		111,040,955
(3)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		173,292,607
(4)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		7,212,822,563
(5)	EUROPE (INCLUDING ICELAND & GREENLAND)	1	473	PROGRAM SERVICES	COUNTRY PROGRAMMES MGMT. & OVERSIGHT, POLICY & PERFORMANCE, AND OPERATIONS	108,347,566
(6)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		36,654,264
(7)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		92,237,274
(8)	RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		20,335,535
(9)	SOUTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		24,684
(10)	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		10,878,709
(11)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		497,903,353
(12)	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,592,076,316
(13)	VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS LOCATED IN VARIOUS REGIONS		239,359,158
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	1	473			7,779,201,729
b	Total from continuation sheets to Part I . . .	0	0			2,340,242,220
c	**Totals** (add lines 3a and 3b)	1	473			10,119,443,949

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

(a)	(b) Name of organization or entity (if applicable)	(c) IRC code section (if applicable)	(d) Region	(e) Purpose of grant or assistance	(f) Amount of cash grant	(g) Manner of cash disbursement	(h) Description of noncash assistance	(i) Amount of noncash assistance	(j) Method of valuation (book, FMV, appraisal, other)	(k) Section 4912
(1)			EAST ASIA AND THE PACIFIC	MORA PAIN	8,533,2	CHECK/WIRE/ TRANSFER		0	FMV	
(2)			SUB-SAHARAN AFRICA	MORA PAIN	10,00	CHECK/WIRE/ TRANSFER		0	FMV	
(3)			SOUTH ASIA	COUNTRY PROGRAMMES	25,128,99	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	45,200,22	FMV	
(4)			SUB-SAHARAN AFRICA	MORA PAIN	599,16	CHECK/WIRE/ TRANSFER		0	FMV	
(5)			SUB-SAHARAN AFRICA	MORA PAIN	958,13	CHECK/WIRE/ TRANSFER		0	FMV	
(6)			SUB-SAHARAN AFRICA (INCLUDING GREEN AND	MORA PAIN	988,78	CHECK/WIRE/ TRANSFER		0	FMV	
(7)			SUB-SAHARAN AFRICA	MORA PAIN	1,103,33	CHECK/WIRE/ TRANSFER		0	FMV	
(8)			SUB-SAHARAN AFRICA	MORA PAIN	1,832,18	CHECK/WIRE/ TRANSFER		0	FMV	
(9)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	4,238,27	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	2,870,48	FMV	
(10)			SUB-SAHARAN AFRICA	MORA PAIN	149,13	CHECK/WIRE/ TRANSFER		0	FMV	
(11)			SUB-SAHARAN AFRICA	MORA PAIN	96,87	CHECK/WIRE/ TRANSFER		0	FMV	
(12)			SOUTH ASIA	COUNTRY PROGRAMMES	137,18	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	134,071,40	FMV	
(13)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	6,391,96	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	18,971,34	FMV	
(14)			SOUTH ASIA	COUNTRY PROGRAMMES	2,417,34	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	616,44	FMV	
(15)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	16,506,05	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	43,271,21	FMV	
(16)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	7,529,76	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	19,151,61	FMV	
(17)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	4,507,66	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	7,568,97	FMV	
(18)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	11,891,52	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	28,547,68	FMV	
(19)			SUB-SAHARAN AFRICA	MORA PAIN	1,219,48	CHECK/WIRE/ TRANSFER		0	FMV	
(20)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	7,745,14	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	9,304,26	FMV	
(21)			SUB-SAHARAN AFRICA	MORA PAIN	85,29	CHECK/WIRE/ TRANSFER		0	FMV	
(22)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	12,381,28	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	23,071,68	FMV	
(23)			SUB-SAHARAN AFRICA	MORA PAIN	1,004,84	CHECK/WIRE/ TRANSFER		0	FMV	
(24)			SUB-SAHARAN AFRICA	MORA PAIN	357,91	CHECK/WIRE/ TRANSFER		0	FMV	
(25)			SUB-SAHARAN AFRICA	MORA PAIN	995,68	CHECK/WIRE/ TRANSFER		3,162,72	FMV	
(26)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	33,368,29	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	62,716,39	FMV	
(27)			SUB-SAHARAN AFRICA	MORA PAIN	3,381,44	CHECK/WIRE/ TRANSFER		736,80	FMV	
(28)			SUB-SAHARAN AFRICA	MORA PAIN	2,231,68	CHECK/WIRE/ TRANSFER		0	FMV	
(29)			SUB-SAHARAN AFRICA	MORA PAIN	6,553,86	CHECK/WIRE/ TRANSFER		47,561,74	FMV	
(30)			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	72,873,28	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	161,488,91	FMV	
(31)			SUB-SAHARAN AFRICA	MORA PAIN	895,03	CHECK/WIRE/ TRANSFER		0	FMV	
(32)			CENTRAL AMERICA AND THE CARIBBEAN (INCLUDING GREEN AND	COUNTRY PROGRAMMES	3,631,63	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	416,16	FMV	
(33)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	3,631,63	CHECK/WIRE/ TRANSFER		0	FMV	
(34)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	170,53	CHECK/WIRE/ TRANSFER		0	FMV	
(35)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	2,487,12	CHECK/WIRE/ TRANSFER		577,56	FMV	
(36)			CENTRAL AMERICA AND THE CARIBBEAN (INCLUDING GREEN AND	COUNTRY PROGRAMMES	1,170,53	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	29,56	FMV	
(37)			SUB-SAHARAN AFRICA	MORA PAIN	663,56	CHECK/WIRE/ TRANSFER		0	FMV	
(38)			SUB-SAHARAN AFRICA	MORA PAIN	170,15	CHECK/WIRE/ TRANSFER		0	FMV	
(39)			SUB-SAHARAN AFRICA	MORA PAIN	14,80	CHECK/WIRE/ TRANSFER		0	FMV	
(40)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	135,09	CHECK/WIRE/ TRANSFER		0	FMV	
(41)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	83,45	CHECK/WIRE/ TRANSFER		0	FMV	
(42)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	127,91	CHECK/WIRE/ TRANSFER		0	FMV	
(43)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	3,709,76	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	742,93	FMV	
(44)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	91,725,96	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	120,291,49	FMV	
(45)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	151,65	CHECK/WIRE/ TRANSFER		0	FMV	
(46)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	145,13	CHECK/WIRE/ TRANSFER		0	FMV	
(47)			CENTRAL AMERICA AND THE CARIBBEAN (INCLUDING GREEN AND	COUNTRY PROGRAMMES	2,497,34	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	89,58	FMV	
(48)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	1,430,45	CHECK/WIRE/ TRANSFER		0	FMV	
(49)			SUB-SAHARAN AFRICA	MORA PAIN	3,278,12	CHECK/WIRE/ TRANSFER		5,015,56	FMV	
(50)			EAST ASIA AND THE PACIFIC	MORA PAIN	1,105,99	CHECK/WIRE/ TRANSFER		0	FMV	
(51)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	313,24	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(52)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	12,574,72	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	25,922,36	FMV	
(53)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	579,43	CHECK/WIRE/ TRANSFER		0	FMV	
(54)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	2,473,12	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(55)			MIDDLE EAST AND NORTH AFRICA	MORA PAIN	566,84	CHECK/WIRE/ TRANSFER		0	FMV	
(56)			CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	72,78	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	70,09	FMV	
(57)			SOUTH ASIA	MORA PAIN	2,667,98	CHECK/WIRE/ TRANSFER		0	FMV	
(58)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	10,039,76	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	18,034,70	FMV	
(59)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	3,442,36	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	2,509,94	FMV	
(60)			SOUTH AMERICA	COUNTRY PROGRAMMES	1,209,16	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	122,19	FMV	
(61)			CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	7,209,16	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	7,313,79	FMV	
(62)			SUB-SAHARAN AFRICA	MORA PAIN	26,12	CHECK/WIRE/ TRANSFER		0	FMV	
(63)			SUB-SAHARAN AFRICA	MORA PAIN	60,53	CHECK/WIRE/ TRANSFER		0	FMV	
(64)			SUB-SAHARAN AFRICA	MORA PAIN	321,00	CHECK/WIRE/ TRANSFER		0	FMV	
(65)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	63,83	CHECK/WIRE/ TRANSFER		0	FMV	
(66)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	144,85	CHECK/WIRE/ TRANSFER		0	FMV	
(67)			CENTRAL AMERICA AND THE CARIBBEAN (INCLUDING GREEN AND	COUNTRY PROGRAMMES	144,85	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	8,877,13	FMV	
(68)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	2,574,13	CHECK/WIRE/ TRANSFER		0	FMV	
(69)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	33,16	CHECK/WIRE/ TRANSFER		0	FMV	
(70)			SOUTH ASIA	COUNTRY PROGRAMMES	16,192,03	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	17,695,59	FMV	
(71)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	3,492,14	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(72)			SUB-SAHARAN AFRICA	MORA PAIN	169,04	CHECK/WIRE/ TRANSFER		0	FMV	
(73)			SUB-SAHARAN AFRICA	MORA PAIN	205,13	CHECK/WIRE/ TRANSFER		0	FMV	
(74)			SUB-SAHARAN AFRICA	MORA PAIN	11,53	CHECK/WIRE/ TRANSFER		0	FMV	
(75)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	214,81	CHECK/WIRE/ TRANSFER		0	FMV	
(76)			SOUTH ASIA	MORA PAIN	661,21	CHECK/WIRE/ TRANSFER		0	FMV	
(77)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	233,65	CHECK/WIRE/ TRANSFER		0	FMV	
(78)			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	592,14	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	2,479,66	FMV	
(79)			EAST ASIA AND THE PACIFIC	MORA PAIN	212,09	CHECK/WIRE/ TRANSFER		0	FMV	
(80)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	187,65	CHECK/WIRE/ TRANSFER		0	FMV	
(81)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	57,92	CHECK/WIRE/ TRANSFER		0	FMV	
(82)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	65,49	CHECK/WIRE/ TRANSFER		0	FMV	
(83)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	8,994,99	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	30,174,64	FMV	
(84)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	2,757,61	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	265,34	FMV	
(85)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	831,71	CHECK/WIRE/ TRANSFER		0	FMV	
(86)			RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	7,011,73	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	2,245,63	FMV	
(87)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	2,545,73	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	1,591,84	FMV	
(88)			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	430,00	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	4,081,68	FMV	
(89)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	2,513,03	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	8,301,75	FMV	
(90)			SUB-SAHARAN AFRICA	MORA PAIN	9,19	CHECK/WIRE/ TRANSFER		0	FMV	
(91)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	12,592,78	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	29,215,91	FMV	
(92)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	11,552,77	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	24,971,87	FMV	
(93)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	17,025,27	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	24,575,97	FMV	
(94)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	1,145,37	CHECK/WIRE/ TRANSFER		0	FMV	
(95)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	4,662,84	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	135,29	FMV	
(96)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	4,039,59	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	7,712,62	FMV	
(97)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	74,17	CHECK/WIRE/ TRANSFER		0	FMV	
(98)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	68,71	CHECK/WIRE/ TRANSFER		0	FMV	
(99)			RUSSIA AND THE NEWLY INDEPENDENT STATES	MORA PAIN	117,49	CHECK/WIRE/ TRANSFER		0	FMV	
(100)			EAST ASIA AND THE PACIFIC	MORA PAIN	122,44	CHECK/WIRE/ TRANSFER		0	FMV	
(101)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	228,20	CHECK/WIRE/ TRANSFER		0	FMV	
(102)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	18,318,94	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	42,051,93	FMV	
(103)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	4,747,32	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	42,571,66	FMV	
(104)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	75,63	CHECK/WIRE/ TRANSFER		0	FMV	
(105)			CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	10,03	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	399,92	FMV	
(106)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	17,491,78	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	52,185,61	FMV	
(107)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	33,464,32	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	98,277,83	FMV	
(108)			SUB-SAHARAN AFRICA	MORA PAIN	398,54	CHECK/WIRE/ TRANSFER		0	FMV	
(109)			SUB-SAHARAN AFRICA	MORA PAIN	121,62	CHECK/WIRE/ TRANSFER		0	FMV	
(110)			SUB-SAHARAN AFRICA	MORA PAIN	140,60	CHECK/WIRE/ TRANSFER		0	FMV	
(111)			SUB-SAHARAN AFRICA	MORA PAIN	349,70	CHECK/WIRE/ TRANSFER		0	FMV	
(112)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	158,66	CHECK/WIRE/ TRANSFER		0	FMV	
(113)			SUB-SAHARAN AFRICA	MORA PAIN	1,673,63	CHECK/WIRE/ TRANSFER		0	FMV	
(114)			SOUTH ASIA	COUNTRY PROGRAMMES	66,606,47	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	195,224,17	FMV	
(115)			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	5,536,17	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	5,571,39	FMV	
(116)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,432,26	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	516,15	FMV	
(117)			SUB-SAHARAN AFRICA	MORA PAIN	194,78	CHECK/WIRE/ TRANSFER		0	FMV	
(118)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	871,51	CHECK/WIRE/ TRANSFER		0	FMV	
(119)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	187,13	CHECK/WIRE/ TRANSFER		0	FMV	
(120)			SOUTH AMERICA	MORA PAIN	359,08	CHECK/WIRE/ TRANSFER		0	FMV	
(121)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	113,81	CHECK/WIRE/ TRANSFER		0	FMV	
(122)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	415,81	CHECK/WIRE/ TRANSFER		0	FMV	
(123)			CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	206,39	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	8,158,26	FMV	
(124)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	677,42	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	59,84	FMV	
(125)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	41,84	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	29,32	FMV	
(126)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	522,99	CHECK/WIRE/ TRANSFER		0	FMV	
(127)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	151,43	CHECK/WIRE/ TRANSFER		0	FMV	
(128)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	9,539,53	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	12,211,69	FMV	
(129)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	12,889,84	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	13,221,81	FMV	
(130)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	1,012,50	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(131)			SUB-SAHARAN AFRICA	MORA PAIN	82,57	CHECK/WIRE/ TRANSFER		0	FMV	
(132)			SUB-SAHARAN AFRICA	MORA PAIN	191,44	CHECK/WIRE/ TRANSFER		0	FMV	
(133)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	572,79	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	626,81	FMV	
(134)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	17,533,43	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	44,697,83	FMV	
(135)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	4,751,19	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(136)			CENTRAL AMERICA AND THE CARIBBEAN	COUNTRY PROGRAMMES	22,030,32	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	49,346,64	FMV	
(137)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	23,177,38	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	21,374,59	FMV	
(138)			SUB-SAHARAN AFRICA	MORA PAIN	209,49	CHECK/WIRE/ TRANSFER		74,52	FMV	
(139)			SUB-SAHARAN AFRICA	MORA PAIN	1,483,74	CHECK/WIRE/ TRANSFER		0	FMV	
(140)			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	21,366,02	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	10,413,80	FMV	
(141)			RUSSIA AND THE NEWLY INDEPENDENT STATES	COUNTRY PROGRAMMES	1,642,31	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	5,129,56	FMV	
(142)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	7,642,85	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	44,826,05	FMV	
(143)			SUB-SAHARAN AFRICA	MORA PAIN	1,006,38	CHECK/WIRE/ TRANSFER		0	FMV	
(144)			SOUTH ASIA	MORA PAIN	1,054,14	CHECK/WIRE/ TRANSFER		0	FMV	
(145)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	210,31	CHECK/WIRE/ TRANSFER		0	FMV	
(146)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	47,12	CHECK/WIRE/ TRANSFER		0	FMV	
(147)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	152,52	CHECK/WIRE/ TRANSFER		0	FMV	
(148)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	36,59	CHECK/WIRE/ TRANSFER		0	FMV	
(149)			EAST ASIA AND THE PACIFIC	MORA PAIN	72,92	CHECK/WIRE/ TRANSFER		0	FMV	
(150)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	2,000,00	CHECK/WIRE/ TRANSFER		0	FMV	
(151)			EAST ASIA AND THE PACIFIC	MORA PAIN	620,71	CHECK/WIRE/ TRANSFER		0	FMV	
(152)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	465,57	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	465,57	FMV	
(153)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	5,800,62	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	11,400,58	FMV	
(154)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	87,64	CHECK/WIRE/ TRANSFER		0	FMV	
(155)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	238,28	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	187,32	FMV	
(156)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	156,00	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(157)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	18,444,02	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	54,670,97	FMV	
(158)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	33,050,00	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	8,084,16	FMV	
(159)			EUROPE (INCLUDING ICELAND AND GREEN AND	MORA PAIN	3,843,20	CHECK/WIRE/ TRANSFER		0	FMV	
(160)			SOUTH AFRICA	MORA PAIN	24,68	CHECK/WIRE/ TRANSFER		0	FMV	
(161)			RUSSIA AND THE NEWLY INDEPENDENT STATES	MORA PAIN	265,20	CHECK/WIRE/ TRANSFER		15,098,87	FMV	
(162)			EAST ASIA AND THE PACIFIC	COUNTRY PROGRAMMES	4,385,52	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	5,853,42	FMV	
(163)			EUROPE (INCLUDING ICELAND AND GREEN AND	COUNTRY PROGRAMMES	99,118,12	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	0	FMV	
(164)			MIDDLE EAST AND NORTH AFRICA	COUNTRY PROGRAMMES	10,443,87	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	15,557,44	FMV	
(165)			SUB-SAHARAN AFRICA	COUNTRY PROGRAMMES	12,354,88	CHECK/WIRE/ TRANSFER	MEDICINE SUPPORT	22,726,75	FMV	
(166)			SOUTH ASIA	MORA PAIN	864,18	CHECK/WIRE/ TRANSFER		15,260,36	FMV	
(167)			SOUTH ASIA	MORA PAIN	200,00	CHECK/WIRE/ TRANSFER		0	FMV	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which counsel has provided a section 501(c)(3) equivalency letter. ▶ 29

3 Enter total number of other organizations or entities ▶ 137

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, NON-GOVERNMENTAL 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/OR SIMILAR SUPERVISORY COMMITTEES (ICC AND HSCC) AND RELATED TECHNICAL WORKING GROUPS; (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 PROGRAM AUDITS BY GAVI AND ANNUAL EXTERNAL AUDITS BY THE COUNTRY IN ADDITION TO QUARTERLY/SEMIANNUAL FINANCIAL REPORTING REQUIREMENTS. THE EXTERNAL AUDITS AND FINANCIAL REPORTS ARE REVIEWED BY GAVI; (4) MONITORING REVIEWS OF GRANT MANAGEMENT REQUIREMENTS ARISING FROM THE PROGRAM CAPACITY ASSESSMENTS THAT INDEPENDENTLY ASSESSED FINANCIAL MANAGEMENT ARRANGEMENTS AND PROGRAMMATIC/MANAGEMENT CAPACITIES IN-COUNTRY AS WELL AS INVESTIGATIONS IN CASES OF SUSPECTED OR ACTUAL MISUSE OF FUNDS; (5) STRATEGIC ENGAGEMENT WITH FIRMS (APS) PROVIDING OVERSIGHT & ASSURANCE SERVICES OVER COUNTRY IMPLEMENTATION OF CASH GRANTS. THE ASSURANCE FRAMEWORK PROVIDES MANAGEMENT WITH THE CONFIDENCE THAT GAVI OBJECTIVES WOULD BE ATTAINED WITHIN GAVI'S RISK APPETITE. (6) ROUTINE REVIEW BY THE SECRETARIAT OR INDEPENDENTLY CONTRACTED PROVIDERS OF QUANTITATIVE AND QUALITATIVE INFORMATION PROVIDED THROUGH THE MONITORING AND PERFORMANCE MANAGEMENT SYSTEM AND JOINT APPRAISALS, AS WELL AS ANY ADDITIONAL REPORTS/EVALUATIONS/SURVEYS/ASSESSMENTS SUBMITTED TO GAVI BY RECIPIENT GOVERNMENTS. (7) HIGH LEVEL MISSIONS IN-COUNTRY, LED BY GAVI CHIEF EXECUTIVE OFFICER, WORKING WITH LEADERS OF ALLIANCE PARTNERS AND IN-COUNTRY COUNTERPARTS AS WELL AS USE OF ACCOUNTABILITY FRAMEWORKS THAT REVIEW IMMUNIZATION PROGRAMMING AND FINANCING COMMITMENTS. COLLABORATION WITH PARTNERS: GAVI MAINTAINS FORMAL AND INFORMAL CONTACT WITH THE PARTNERS (THE GATES FOUNDATION, UNICEF, WHO, THE WORLD BANK GROUP, CIVIL SOCIETY ORGANIZATIONS, DEVELOPING COUNTRY GOVERNMENTS, DEVELOPING COUNTRY PHARMACEUTICAL INDUSTRY, INDUSTRIALIZED COUNTRY GOVERNMENTS, INDUSTRIALIZED 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 ASSISTING THE MANAGEMENT AND STAKEHOLDERS OF GAVI IN ACCOMPLISHING ITS OBJECTIVES AND TO ENHANCE AND PROTECT ORGANIZATIONAL VALUE BY PROVIDING RISK-BASED AND OBJECTIVE ASSURANCE, AND INSIGHT, AND ASSESS PROBITY. THE WORK OF AUDIT AND INVESTIGATIONS EXTENDS NOT ONLY TO THE SECRETARIAT, BUT ALSO TO GAVI-SUPPORTED PROGRAMS IN-COUNTRY INCLUDING THE FACILITY. AUDIT AND INVESTIGATIONS ARE LED BY A MANAGING DIRECTOR WHO REPORTS TO THE BOARD, THROUGH ROUTINE REPORTING TO THE AUDIT AND FINANCE COMMITTEE, AND TO THE CHIEF EXECUTIVE OFFICER. 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 PROGRAM 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 INCLUDES; 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 A 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 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)

(Rev. January 2025)

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 instructions and the latest information.**

OMB No. 1545-0047

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 PENN AVENUE NW SUITE 7100 WASHINGTON,DC 20006	06-1389829	501(C)(3)	925,445	0		N/A	PARTNER SUPPORT
(2) ANALYTICS HT INC 24-55 SW 93 TERRACE APT 102T MIAMI,FL 33186	46-2397616		424,312	0		N/A	PARTNER SUPPORT
(3) CAMPAIGN FOR TOBACCO-FREE KIDS (THROUGH GLOBAL HEALTH ADVOCACY INCUBATOR) 1400 I STREET NW STE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	2,450,677	0		N/A	PARTNER SUPPORT
(4) CENTER FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA,GA 30303	58-6051157	170(C)(1)	193,500	0		N/A	PARTNER SUPPORT
(5) CENTER FOR DISEASE CONTROL FOUNDATION 600 PEACHTREE ST NE SUITE 1000 ATLANTA,GA 30303	58-2106707	501(C)(3)	4,762,977	0		N/A	PARTNER SUPPORT
(6) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVENUE SUITE 400 BOSTON,MA 02127	27-1414646	501(C)(3)	12,569,078	0		N/A	PARTNER SUPPORT
(7) FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STREET SUITE 200 DURHAM,NC 27701	23-7413005	501(C)(3)	12,276	0		N/A	PARTNER SUPPORT
(8) GDI SOLUTIONS LLC 1401 K STREET NW SUITE 900 WASHINGTON,DC 20005	88-1343562	501(C)(3)	1,489,134	0		N/A	PARTNER SUPPORT
(9) HARVARD PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSSETS AVENUE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	9,688	0		N/A	PARTNER SUPPORT
(10) INTEGRATE HEALTH INC 16 GRANITE STREET MEDWAY,MA 02053	13-4288670	501(C)(3)	1,487,180	0		N/A	PARTNER SUPPORT
(11) INTERNATIONAL ORGANIZATION FOR MIGRATION 399 PARK AVENUE NEW YORK,NY 10168	52-1525929	501(C)(3)	346,602	0		N/A	PARTNER SUPPORT
(12) JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET SUITE D200 BALTIMORE,MD 21218	52-0595110	501(C)(3)	5,549,120	0		N/A	PARTNER SUPPORT
(13) JSI RESEARCH &	04-2679824	501(C)(3)	10,024,296	0		N/A	PARTNER SUPPORT

TRAINING INSTITUTE INC 2733 CRYSTAL DRIVE 4TH FLOOR ARLINGTON,VA 22202							
(14) KATI COLLECTIVE INC 13346 108TH AVENUE SW VASHON,WA 98070	84-3168072		294,375	0		N/A	PARTNER SUPPORT
(15) KHUSHI BABY INC 6016 LOUIS WAY EL DORADO HILLS,CA 95762	46-5767894	501(C)(3)	450,000	0		N/A	PARTNER SUPPORT
(16) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	84,917	0		N/A	PARTNER SUPPORT
(17) NEXLEAF ANALYTICS 1964 WESTWOOD BOULEVARD LOS ANGELES,CA 90025	90-0514027	501(C)(3)	1,623,092	0		N/A	PARTNER SUPPORT
(18) PAN AMERICAN SANITARY BUREAU 525 TWENTY THIRD STREET NW WASHINGTON,DC 20037	52-1804954	170(C)(1)	1,617,453	0		N/A	PARTNER SUPPORT
(19) PARSYL INC 2714 WALNUT STREET DENVER,CO 80205	81-4027966		100,000	0		N/A	PARTNER SUPPORT
(20) PATH 2201 WESTLAKE AVENUE SEATTLE,WA 98109	91-1157127	501(C)(3)	4,785,426	0		N/A	PARTNER SUPPORT
(21) PHAROS GLOBAL HEALTH ADVISORS 105 MORTON STREET NEWTON,MA 02459	81-2764710		306,642	0		N/A	PARTNER SUPPORT
(22) PICMA AFRICA INC 33610 SOLON ROAD 3 SOLON,OH 44139	85-2870008		76,140	0		N/A	PARTNER SUPPORT
(23) POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW SUITE 600 WASHINGTON,DC 20036	56-0942853	501(C)(3)	776,054	0		N/A	PARTNER SUPPORT
(24) RESEARCH TRIANGLE INSTITUTE 3040 E CORNWALLIS ROAD DURHAM,NC 27709	56-0686338	501(C)(3)	791,914	0		N/A	PARTNER SUPPORT
(25) RESULTS FOR DEVELOPMENT INSTITUTE 1111 19TH STREET NW SUITE 700 WASHINGTON,DC 20036	20-8530747	501(C)(3)	2,550,948	0		N/A	PARTNER SUPPORT
(26) THE DIFFERENCE A2C LLC 661 AUBURN AVENUE NE SUITE 5 ATLANTA,GA 30312	26-1133788		127,106	0		N/A	PARTNER SUPPORT
(27) THE ELEANOR CROOK FOUNDATION 227 N MITCHELL STREET SAN MARCOS,TX 78666	74-2857866	501(C)(3)	750,000	0		N/A	PARTNER SUPPORT
(28) THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1350 I STREET NW SUITE 400 WASHINGTON,DC 20005	95-4191698	501(C)(3)	521,195	0		N/A	PARTNER SUPPORT
(29) THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE SUITE 360 ASHBURN,VA 20147	53-0196584	501(C)(3)	65,673	0		N/A	PARTNER SUPPORT
(30) THE PENNSYLVANIA STATE UNIVERSITY 200 INNOVATION BLVD SUITE 110 UNIVERSITY PARK,PA 16802	24-6000376	501(C)(3)	98,913	0		N/A	PARTNER SUPPORT
(31) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	13-5598093	501(C)(3)	178,605	0		N/A	PARTNER SUPPORT

LOW MEMORIAL LIBRARY 535 W 116TH ST NEW YORK,NY 10027							
(32) THE WORLD BANK (IBRD) 1818 H STREET WASHINGTON,DC 20033	98-0002549	INTERNATIONAL NGO	2,778,000	0		N/A	PARTNER SUPPORT
(33) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON,MA 02215	04-2103547	501(C)(3)	30,000	0		N/A	PARTNER SUPPORT
(34) UNICEF 333 EAST 38TH STREET NEW YORK,NY 10116	13-1760110	501(C)(3)	87,688,260	0		N/A	PARTNER SUPPORT
(35) UNIVERSITY OF WASHINGTON 1400 NE CAMPUS PARKWAY SEATTLE,WA 98195	91-6001537	501(C)(3)	200,000	0		N/A	PARTNER SUPPORT
(36) VILLAGE REACH 2900 EASTLAKE AVE E SUITE 230 SEATTLE,WA 98102	91-2083484	501(C)(3)	2,441,687	0		N/A	PARTNER SUPPORT
(37) YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	58,726	0		N/A	PARTNER SUPPORT
(38) ZENYSIS TECHNOLOGIES INC 2325 3RD STREET NUMBER 213 SAN FRANCISCO,CA 94107	81-0929294		346,061	0		N/A	PARTNER SUPPORT
(39) ZIPLINE INTERNATIONAL INC 495 PINE AVENUE HALF MOON BAY,CA 94019	45-3197601		2,183,933	0		N/A	PARTNER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 31

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

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 PROGRAM 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)

(Rev. January 2025)

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

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**	Yes	
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				
1 DAVID MARLOW COO & ACTING CFO - UNTIL 06/24	(i)	301,751	14,486	469,583	65,905	18,120	869,845	0
	(ii)	0	0	0	0	0	0	0
2 DR SANIA NISHTAR CEO - AS OF 03/24	(i)	291,032	0	87,521	70,128	7,768	456,449	0
	(ii)	0	0	0	0	0	0	0
3 ROSEMARY OWINO - SR MNGR FIN. MGMT SPEC. - UNTIL 12/24	(i)	177,129	0	221,097	36,497	11,344	446,067	0
	(ii)	0	0	0	0	0	0	0
4 ASSIETOU DIOUF CHIEF FIN. OFFICER - UNTIL 04/24	(i)	80,878	0	337,092	17,751	3,781	439,502	0
	(ii)	0	0	0	0	0	0	0
5 MARIE-ANGE SARAKA-YAO CHIEF RES. MOB. AND GROWTH OFF.	(i)	292,446	36,556	567	65,904	5,672	401,145	0
	(ii)	0	0	0	0	0	0	0
6 ANDREW MENDS DIRECTOR OPERATIONS & PROCUREMENT	(i)	244,825	10,913	55,426	53,808	19,437	384,409	0
	(ii)	0	0	0	0	0	0	0
7 ALEX DE JONQUIERES DIR., HEALTH SYS. & IMM. STRNG.	(i)	244,824	11,018	55,426	53,809	15,492	380,569	0
	(ii)	0	0	0	0	0	0	0
8 PASCAL BAROLLIER CHIEF ENG. AND INFORMATION	(i)	292,446	373	567	65,904	17,016	376,306	0
	(ii)	0	0	0	0	0	0	0
9 EDMUND GROVE DIRECTOR PROGRAMME AUDIT	(i)	237,116	2,367	66,472	51,786	15,492	373,233	0
	(ii)	0	0	0	0	0	0	0
10 CHARLES WHETHAM DIR., GRANT MGMT. TRANSFORMATION	(i)	213,378	0	80,334	45,703	17,220	356,635	0
	(ii)	0	0	0	0	0	0	0
11 THABANI MAPHOSA CHIEF COUNTRY DELIVERY	(i)	264,203	0	567	58,794	19,437	343,001	0
	(ii)	0	0	0	0	0	0	0
12 DERRICK SIM ACT. CH. VACC. PRGM. & MKT. OFF.	(i)	244,489	0	567	53,734	17,016	315,806	0
	(ii)	0	0	0	0	0	0	0
13 AURELIA NGUYEN CHIEF PRGRM. OFF. - UNTIL 09/24	(i)	213,811	36,556	2,169	49,427	7,917	309,880	0
	(ii)	0	0	0	0	0	0	0
14 BRENDA KILLEN DIRECTOR, GOVERNANCE	(i)	223,394	0	567	48,204	19,437	291,602	0
	(ii)	0	0	0	0	0	0	0
15 FRANCOIS NOTE CHIEF FIN. OFF. - AS OF 06/24	(i)	148,298	0	0	32,796	14,647	195,741	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.
PART I, LINE 4A	DURING THE YEAR ENDED DECEMBER 31, 2024, SEVERANCE WAS PAID TO ASSIETOU DIOUF, CHIEF FINANCIAL OFFICER, IN THE AMOUNT OF $303,291 (CHF 267,579), TO DAVID MARLOW, COO & ACTING CFO, IN THE AMOUNT OF $131,340 (CHF 115,875), AND TO ROSEMARY OWINO, SENIOR MANAGER, FINANCIAL MANAGEMENT SPECIALIST, IN THE AMOUNT OF $188,463 (CHF 166,272).
PART I, LINE 7	FOR THE YEAR ENDED DECEMBER 31, 2024, BONUS & INCENTIVE COMPENSATION FOR MARIE-ANGE SARAKA-YAO, CHIEF RESOURCE MOBILISATION AND GROWTH OFFICER, AND AURELIA NGUYEN, CHIEF PROGRAMME OFFICER, INCLUDES THE AMOUNT OF $29,245 (CHF 25,801) EACH AWARDED BY THE COO IN JUNE 2023 AS A ONE-OFF PAYMENT FOR RECOGNITION AND RETENTION PURPOSE IN THE CONTEXT OF THE LEADERSHIP TRANSITIONS IN 2024.
SCHEDULE J, PART II, COLUMN (A):	DAVID MARLOW WAS CHIEF OPERATING OFFICER (COO) UNTIL 06/23; INTERIM CHIEF EXECUTIVE OFFICER (CEO) UNTIL 03/24; COO & ACTING CHIEF FINANCIAL OFFICER UNTIL 06/24; AND SPECIAL ADVISOR TO THE CEO FROM 07/24-12/24. DAVID MARLOW'S ROLE AS INTERIM CHIEF FINANCIAL OFFICER WAS TRANSITIONED TO FRANCOIS NOTE DURING THE MONTH OF JUNE.
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. GAVI'S REPORTED COMPENSATION, AS VALUED IN SWISS FRANCS (CHF) IS: A | BASE COMPENSATION B | BONUS AND INCENTIVE "OTHER REPORTED COMPENSATION" INCLUDES THE FOLLOWING: C | US TAX REIMBURSEMENT D | EDUCATION GRANT E | OTHER BENEFITS, INCLUDING SEVERANCE PAYMENTS F | RETIREMENT PLAN G | NONTAXABLE HEALTH INSURANCE DR. SETH BERKLEY 2023 | A) 256,025, B) 0, C) 108,923, D) 0, E) 92,638, F) 57,696, G) 14,663 2024 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. BRENDA KILLEN 2023 | A) 192,934, B) 0, C) 0, D) 24,200, E) 0, F) 41,491, G) 13,668 2024 | A) 197,090, B) 0, C) 0, D) 0, E) 500, F) 42,528, G) 17,148 ASSIETOU DIOUF 2023 | A) 214,064, B) 0, C) 0, D) 0, E) 0, F) 46,982, G) 10,008 2024 | A) 71,354, B, 0, C) 0, D) 0, E) 297,401, F) 15,661, G) 3,336 THABANI MAPHOSA 2023 | A) 216,190, B) 0, C) 0, D) 24,200, E) 0, F) 47,538, G) 17,148 2024 | A) 233,094, B) 0, C) 0, D) 0, E) 500, F) 51,871, G) 17,148 PASCAL BAROLLIER 2023 | A) 252,038, B) 0, C) 0, D) 0, E) 0, F) 56,797, G) 25,020 2024 | A) 258,012, B) 329, C) 0, D) 0, E) 500, F) 58,144, G) 15,012 MARIE-ANGE SARAKA-YAO 2023 | A) 258,011, B) 8,560, C) 0, D) 0, E) 0, F) 58,144, G) 5,004 2024 | A) 258,011, B) 32,252, C) 0, D) 0, E) 500, F) 58,144, G) 5,004 ANDREW MENDS 2023 | A) 211,895, B) 0, C) 0, D) 48,400, E) 0, F) 46,443, G) 13,668 2024 | A) 215,997, B) 9,628, C) 0, D) 48,400, E) 500, F) 47,472, G) 17,148 DAVID MARLOW 2023 | A) 263,797, B) 0, C) 137,232, D) 0, E) 0, F) 55,716, G) 16,511 2024 | A) 266,220 B) 12,780, C) 249,447, D) 0, E) 164,844, F) 58,145, G) 15,986 DERRICK SIM 2023 | A) 205,756, B) 0, C) 0, D) 0, E) 0, F) 44,417, G) 20,016 2024 | A) 215,701, B) 0, C) 0, D) 0, E) 500, F) 47,407, G) 15,012 AURELIA NGUYEN 2023 | A) 258,011, B) 3,311, C) 0, D) 0, E) 0, F) 58,144, G) 8,664 2024 | A) 193,509, B) 32,252, C) 0, D) 0, E) -2,960, F) 43,607, G) 6,985 CATHERINE PAWLOW 2023 | A) 224,326, B) 5,608, C) 0, D) 0, E) 251,614, F) 49,609, G) 10,008 2024 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. SUSAN MACKAY 2023 | A) 79,709, B) 0, C) 0, D) 0, E) 250,901, F) 16,378, G) 5,004 2024 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. ALEX DE JONQUIERES 2023 | A) 215,998, B) 3,949, C) 0, D) 48,400, E) 0, F) 47,472, G) 13,668 2024 | A) 215,997, B) 9,720, C) 0, D) 48,400, E) 500, F) 47,473, G) 13,668 EDMUND GROVE 2023 | A) 213,350, B) 0, C) 0, D) 61,542, E) 0, F) 46,762 G) 13,668 2024 | A) 209,196, B) 2,088, C) 0, D) 58,145, E) 500, F) 45,688, G) 13,668 DR. SANIA NISHTAR 2023 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. 2024 | A) 256,763, B) 0, C) 0, D) 0, E) 77,216, F) 61,871, G) 6,853 FRANCOIS NOTE 2023 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. 2024 | A) 130,836, B) 0, C) 0, D) 0, E) 0, F) 28,934, G) 12,922 ROSEMARY OWINO 2023 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. 2024 | A) 156,273, B) 0, C) 0, D) 0, E) 195,063, F) 32,200, G) 10,008 CHARLES WHETHAM 2023 | REPORTABLE COMPENSATION NOT REQUIRED FOR THIS PERIOD. 2024 | A) 188,253, B) 0, C) 0, D) 70,375, E) 500, F) 40,322, G) 15,192 THE CHF-USD EXCHANGE RATE IS 1.11490 IN 2023 AND 1.13346 IN 2024. ALL OF GAVI ALLIANCE'S HIGHEST COMPENSATED EMPLOYES ARE BASED IN GENEVA, SWITZERLAND. THESE EMPLOYEES' SALARIES REFLECTED THE COST OF LIVING IN GENEVA AND INCLUDE BENEFITS SUCH AS EDUCATION GRANT AND US TAX REIMBURSEMENT. THE BENEFITS PROVIDED TO EMPLOYEES ARE COMPARABLE TO THOSE PROVIDED BY OTHER INTERNATIONAL NON-FOR-PROFIT ORGANISATIONS.

Additional Data

Return to Form

Software ID:

Software Version:

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

2024

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				
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	26,660	2,320,380	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
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		
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?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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 DOSES IN COLUMN (B).

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)
(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

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 1:	GAVI, THE VACCINE ALLIANCE IS A PUBLIC-PRIVATE PARTNERSHIP THAT HELPS VACCINATE MORE THAN HALF THE WORLD'S CHILDREN AGAINST SOME OF THE WORLD'S DEADLIEST DISEASES. THE VACCINE ALLIANCE BRINGS TOGETHER DEVELOPING COUNTRY AND DONOR GOVERNMENTS, THE WORLD HEALTH ORGANIZATION, UNICEF, THE WORLD BANK, THE VACCINE INDUSTRY, TECHNICAL AGENCIES, CIVIL SOCIETY, THE GATES FOUNDATION AND OTHER PRIVATE SECTOR PARTNERS. SINCE ITS INCEPTION IN 2000, GAVI HAS HELPED TO IMMUNISE A WHOLE GENERATION OVER 1 BILLION CHILDREN AND PREVENTED MORE THAN 18.8 MILLION FUTURE DEATHS, HELPING TO HALVE CHILD MORTALITY IN 78 LOWER-INCOME COUNTRIES. GAVI ALSO PLAYS A KEY ROLE IN IMPROVING GLOBAL HEALTH SECURITY BY SUPPORTING HEALTH SYSTEMS AS WELL AS FUNDING GLOBAL STOCKPILES FOR EBOLA, CHOLERA, MENINGOCOCCAL AND YELLOW FEVER VACCINES. AFTER TWO DECADES OF PROGRESS, GAVI IS NOW FOCUSED ON PROTECTING THE NEXT GENERATION, ABOVE ALL THE ZERO-DOSE CHILDREN WHO HAVE NOT RECEIVED EVEN A SINGLE VACCINE SHOT. THE VACCINE ALLIANCE EMPLOYS INNOVATIVE FINANCE AND THE LATEST TECHNOLOGY FROM DRONES TO BIOMETRICS TO SAVE LIVES, PREVENT OUTBREAKS BEFORE THEY CAN SPREAD AND HELP COUNTRIES ON THE ROAD TO SELF-SUFFICIENCY.
FORM 990, PART III, LINE 3	COVAX FACILITY ENDED ON DECEMBER 31, 2023, AFTER HAVING DELIVERED NEARLY 2 BILLION COVID-19 VACCINE DOSES AND SAFE INJECTION DEVICES TO 146 ECONOMIES, AND IS ESTIMATED TO HAVE AVERTED OVER 2.7 MILLION DEATHS IN AMC LOWER-INCOME PARTICIPATING ECONOMIES. THE GAVI BOARD AGREED IN DECEMBER 2023 TO CONTINUE SUPPORTING COUNTRIES IN 2024-2025 WITH COVID-19 VACCINES THROUGH THE COVID-19 VACCINE PROGRAMME WHICH WAS INTEGRATED INTO THE GAVI-CORE PROGRAMMES.
FORM 990, PART I, LINE 5:	PART I, LINE 5 LISTS THE TOTAL NUMBER OF EMPLOYEES BASED IN WASHINGTON, DC AND WHO RECEIVED THE FORM W-2. IT DOES NOT INCLUDE FOREIGN AND US CITIZEN EMPLOYEES BASED IN GENEVA, SWITZERLAND. THE TOTAL NUMBER OF EMPLOYEES, INCLUDING US CITIZEN EMPLOYEES BASED IN GENEVA AND WASHINGTON, DC, IS 488.
FORM 990, PART VI, SECTION B, LINE 11B	THE OUTSOURCED ACCOUNTANT (OA), IN COLLABORATION WITH THE SENIOR MANAGER OF FINANCIAL REPORTING (SMFR), 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 SMFR AND 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 SMFR. 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 SMFR 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 GENERAL COUNSEL AND DIRECTOR OF 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. A SYSTEMATIC AND RIGOROUS PROCESS IS SET FOR THE DETERMINATION OF STARTING SALARIES FOR STAFF AT GAVI. KEY CRITERIA FOR ALL POSITIONS INCLUDE THE ASSESSMENT AND SUITABILITY OF THE CANDIDATE AGAINST THE ROLE, INTERNAL EQUITY, AS WELL AS EXTERNAL MARKET COMPETITIVENESS. STARTING SALARIES ARE PREPARED BY THE COMPENSATION AND BENEFITS FUNCTION, APPROVED BY THE CHIEF PEOPLE OFFICER, AND THEN BY THE RESPONSIBLE SENIOR LEADERSHIP MEMBER OR CEO, AS THE CASE MAY BE. GAVI WAS THE FIRST INTERNATIONAL ORGANISATION TO BE CERTIFIED AS EQUAL SALARY CERTIFIED IN 2018, AFTER A RIGOROUS EXTERNAL AUDIT PROCESS WITH THE EQUAL SALARY FOUNDATION IN SWITZERLAND. GAVI CONTINUES TO BE CERTIFIED AS AN EQUAL SALARY EMPLOYER EVERY YEAR SINCE.
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 56 VOTING BOARD MEMBERS. HOWEVER ONLY 33 VOTES COULD BE CAST WHICH ARE PRINCIPAL BOARD MEMBERS. THE 23 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:	RECOVERY OF PRIOR YEAR GRANT 87,171,078.

Additional Data

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SCHEDULE R (Form 990)

(Rev. January 2025)

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

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 CARPENTER COURT 1 MAPLE ROAD BRAM STOCKPORT, CHESHIRE SK7 2DH UK	RAISES FUNDS FOR IMMUNIZATION PROGRAMS AND PROCUREMENT	UK	501(C)(3)	FOREIGN CHARITY	GAVI ALLIANCE	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	Yes	
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	365,836,386	COST
(2) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	L	70,979	FMV
(3) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	N	195,465	FMV
(4) INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION COMPANY	O	883,240	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

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