

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **09/01/2020** and ending **08/31/2021**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **THE TASK FORCE FOR GLOBAL HEALTH INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 W Ponce de Leon Ave
 City or town, state or province, country, and ZIP or foreign postal code
Decatur, GA 30030-3001
F Name and address of principal officer: **William Nichols**
330 W Ponce de Leon Ave, Decatur, GA 30030

D Employer identification number
58-1698648
E Telephone number
404-592-1430
G Gross receipts \$ **83,832,721**

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

J Website: ▶ www.taskforce.org

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 ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1986** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission of The Task Force for Global Health is to solve large-scale health problems affecting populations through three impact areas: health system strengthening, center for</u> <u>(Continued on Schedule O, Statement 2)</u>		
	2	Check this box <input type="checkbox"/> 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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	227
	6	Total number of volunteers (estimate if necessary)	6	17
	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	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 58,766,564	Current Year 82,102,252
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	639,010	896,779
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-512,427	-1,345,174
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,893,147	81,653,857
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,372,160	11,498,310
	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)	20,560,913	24,026,550
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,649		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,889,462	39,050,751
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	59,822,535	74,575,611	
19	Revenue less expenses. Subtract line 18 from line 12	-929,388	7,078,246	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 67,961,569	End of Year 76,441,049
	21	Total liabilities (Part X, line 26)	15,364,889	16,766,123
	22	Net assets or fund balances. Subtract line 21 from line 20	52,596,680	59,674,926

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: William Nichols, Chief Operating Officer Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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:

The mission of The Task Force for Global Health is to solve large-scale health problems affecting populations through three impact areas: health system strengthening, center for vaccine equity, and neglected tropical diseases. These impact areas include programs such as pandemic preparedness, polio eradication, field epidemiology training, public health informatics, health workforce development, and medical surplus recovery.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 27,215,053 including grants of \$ 1,410,446) (Revenue \$ 27,215,053)
TEPHINET awarded more than \$380,000 in Emergency Capacity Building Grants to 19 FETPs to support activities to strengthen their COVID-19 response capacities. We also provided support to FETPs to assist with training, surveillance and epidemiologic investigations in Central America, Colombia, Ecuador, Haiti, Pakistan, Ukraine, Vietnam, and Yemen. From August 2020 to August 2021, the program helped train more than 140 epidemiologists from 40 countries in public health emergency response in collaboration with CDC and GOARN. In addition, it began developing emergency response training for FETP alumni in partnership with CDC, PAHO, the Colombian Red Cross, and the Harvard Humanitarian Initiative. Four different types of small grants were offered to individual FETP trainees and graduates to enable field projects contributing to infectious and non-infectious disease prevention and control. The Program launched its 6th cycle of FETP accreditation with a new option for programs to be accredited at a higher standard than previously possible and in addition, it conducted 3 workshops at regional FETP conferences. TEPHINET co-hosted 3 virtual events connecting more than 1,400 public health professionals worldwide. Featuring more than 150+ oral and poster presentations and 30+ interactive learning and keynote sessions, the 11th TEPHINET Regional Scientific Conference of the (Continued on Schedule O, Statement 3)

4b (Code:) (Expenses \$ 14,188,906 including grants of \$ 3,584,872) (Revenue \$ 14,188,906)
Neglected Tropical Disease Support Center (NTD SC) Funded principally by the Bill & Melinda Gates Foundation, the U.S. Agency for International Development and the United Kingdom AID (UK AID), the NTD SC supports Operational Research (OR) to eliminate neglected tropical diseases that threaten the lives and well-being of more than one billion of people in some of the world's poorest communities. As of 2021, the NTD SC manages a portfolio of more than 250 OR projects spanning 60 countries, and targeting all five neglected tropical diseases amenable to preventive chemotherapy: lymphatic filariasis, onchocerciasis, STH, schistosomiasis and trachoma as well as other NTDs such as podoconiosis, leprosy and leishmaniasis. OR projects are designed to address challenges that prevent programs from achieving disease control and elimination goals and to inform World Health Organization (WHO) recommendations and guidance for NTD programs. With support from USAID in 2021, the NTD-SC for the first time issued calls for proposals to support research focused on the development of new diagnostic tools. In addition, with funding from USAID and UK Aid, the NTD SC continued to support the African Research Network for Neglected Tropical Diseases (ARNTD). ARNTD manages a portfolio of research projects carried out by young African scientists at early stages of their careers. (Continued on Schedule O, Statement 4)

4c (Code:) (Expenses \$ 22,590,830 including grants of \$ 6,502,992) (Revenue \$ 22,590,830)
The Covid-19 Vaccine Implementation Program (CoVIP) had a number of activities during the year. Based on the PIVI model, CoVIP worked with CDC to identify partner countries/implementing partners for this project. It funded 35 countries (Albania, Armenia, Barbados, Belize, Bhutan, Burkina Faso, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, El Salvador, Eswatini, Georgia, Ghana, Guatemala, Haiti, Honduras, Kenya, Laos, Lesotho, Malawi, Mali, Moldova, Mongolia, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, South Sudan, Trinidad and Tobago, Tunisia, Uganda, Uzbekistan, Vietnam, Zambia) which totaled \$4.7M. The funding allowed each partner country to access technical support for vaccination program implementation tailored to their specific needs. CoVIP on-boarded a project manager, a program assistant, director of implementation and seven field epi contractors to support the funding process and technical assistance in countries. The team created to implement this project was assembled quickly and effectively and has provided ongoing support to CDC, country Ministries of Health, global partners and TFGH leadership to advance COVID-19 vaccination program goals. The program worked closely with CDC country offices, (Continued on Schedule O, Statement 5)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 63,994,789

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
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?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	✓	

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	227		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		✓	
b	If "Yes," enter the name of the foreign country ► <u>Colombia, Ethiopia, Guatemala</u> 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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
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			✓
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			✓
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			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓

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

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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► GA
- 18** Section 6104 requires an organization to make its Forms 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 on Schedule O)
- 19** Describe on 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 ►
Daniel N Martins, (404)687-5620

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
David A Ross President & CEO	39.00 1.00	✓		✓				382,486	0	53,111
Mark McKinlay Program Director	39.00 1.00			✓				272,907	0	55,751
William P Nichols Exec. VP/COO	39.00 1.00			✓				291,769	0	25,527
Patrick O'Carroll Program Sector Head	39.00 1.00				✓			286,647	0	27,069
Paul Emerson Program Director	40.00 0.00					✓		238,908	0	67,651
David G Addis Program Director	40.00 0.00					✓		248,487	0	52,489
Yao Sodahlon Program Director	40.00 0.00					✓		231,580	0	63,128
John Ward Program Director	40.00 0.00					✓		259,316	0	21,216
Carl Reddy Program Director	40.00 0.00				✓			214,444	0	64,153
Vivian Singletary Program Director	40.00 0.00					✓		225,131	0	45,039
Kris Sarlas Program Director	40.00 0.00					✓		197,547	0	56,510
Patrick Lammie Program Director	40.00 0.00				✓			228,276	0	21,546
Daniel Martins Chief Financial Officer	39.00 1.00			✓				154,538	0	58,924
Ellen Wild Director of Business Strategy	39.00 1.00			✓				183,679	0	16,624

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Heather Brooks Director of Organizational Effectiveness	39.00 1.00						✓	77,079	0	21,004
Teri Plummer McClure Board Chair	0.00 0.00	✓						0	0	0
Charles H McTier Board Member	0.00 0.00	✓						0	0	0
Kent Alexander Board Member	0.00 0.00	✓						0	0	0
James Jackson Board Member	0.00 0.00	✓						0	0	0
Deborah Kilpatrick Board Member	0.00 0.00	✓						0	0	0
Walter Orenstein Board Member	0.00 0.00	✓						0	0	0
Walter Deriso Jr Board Member	0.00 0.00	✓						0	0	0
Geeta Manek Board Member	0.00 0.00	✓						0	0	0
Bushra Sayed-Ganguly Board Member	0.00 0.00	✓						0	0	0
Paula Lawton Bevington Board Member	0.00 0.00						✓	0	0	0
1b Subtotal								3,492,794	0	649,742
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,492,794	0	649,742

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 **▶** **49**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
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? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

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
Barbara Law, 85 Holliday Drive, Whitby, Ontario L1P 1E7, Canada	Healthcare Consulting	368,700
Camber Collective LLC, 2505 2nd Ave Suite 415, Seattle, WA 98121	Health Consulting Services	298,800
CMT Consulting LLC, 106 Geneva Street, Decatur, GA 30030	Consulting services	202,194
HLN Consulting, 9 Pemberly, Mission Viejo, CA 92692	Informatic services	198,797
Cornelia Dekker, 24 Jenna Lane CA 940, Half Moon Bay, CA 94019	Health Consulting Services	162,400

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 **▶** **18**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0						
	b	Membership dues	1b 0						
	c	Fundraising events	1c 0						
	d	Related organizations	1d 0						
	e	Government grants (contributions)	1e 45,671,316						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 36,430,936						
	g	Noncash contributions included in lines 1a-1f	1g \$ 0						
	h	Total. Add lines 1a-1f ▶		82,102,252					
	Program Service Revenue			Business Code					
2a		-----							
b		-----							
c		-----							
d		-----							
e		-----							
f		All other program service revenue . .							
g	Total. Add lines 2a-2f ▶		0						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		896,779	896,779	0	0		
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	5	Royalties ▶		0	0	0	0		
	6a	Gross rents	(i) Real	638,635					
			(ii) Personal	0					
			6b	Less: rental expenses	2,178,864				
			6c	Rental income or (loss)	-1,540,229				
	d	Net rental income or (loss) ▶		-1,540,229	-1,540,229	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0					
			(ii) Other	0					
			7b	Less: cost or other basis and sales expenses	0				
			7c	Gain or (loss)	0				
	d	Net gain or (loss) ▶		0	0	0	0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0						
	b	Less: direct expenses	8b 0						
	c	Net income or (loss) from fundraising events . . ▶		0		0	0		
	9a	Gross income from gaming activities. See Part IV, line 19	9a 0						
b	Less: direct expenses	9b 0							
c	Net income or (loss) from gaming activities . . . ▶		0	0	0	0			
10a	Gross sales of inventory, less returns and allowances	10a 0							
		b	Less: cost of goods sold	10b 0					
		c	Net income or (loss) from sales of inventory . . . ▶		0	0	0	0	
Miscellaneous Revenue			Business Code						
	11a	-----							
	b	-----							
	c	-----							
	d	All other revenue		195,055	195,055	0	0		
e	Total. Add lines 11a-11d ▶		195,055						
12	Total revenue. See instructions ▶		81,653,857	-448,395	0	0			

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	2,526,668	2,526,668		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,971,642	8,971,642		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,656,246	1,213,686	1,442,560	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	16,630,976	13,203,946	3,425,457	1,573
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,171,433	853,755	317,573	105
9	Other employee benefits	2,405,673	1,909,952	495,493	228
10	Payroll taxes	1,162,222	910,027	252,087	108
11	Fees for services (nonemployees):				
a	Management	29,036,765	28,147,663	873,081	16,021
b	Legal	44,245	17,464	26,781	0
c	Accounting	535,619	5,735	529,884	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	54,461	14,872	39,589	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	258,421	186,963	71,458	0
13	Office expenses	853,385	653,921	199,464	0
14	Information technology	1,014,659	639,547	375,112	0
15	Royalties	0	0	0	0
16	Occupancy	523,505	34,925	488,580	0
17	Travel	1,524,332	1,489,736	34,596	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	492,405	406,234	85,895	276
20	Interest	290,126	0	290,126	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,357,835	0	1,357,835	0
23	Insurance	190,221	46,792	143,429	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>Bank Charges/Swap Interest</u>	36,251	34,993	1,136	122
b	<u>Miscellaneous</u>	54,970	32,200	22,701	69
c	<u>Dues and Subscription</u>	137,112	66,691	67,274	3,147
d	<u>Other Direct Program Expense</u>	2,646,439	2,627,377	19,062	0
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	74,575,611	63,994,789	10,559,173	21,649
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	0	1	0	
	2 Savings and temporary cash investments	26,666,556	2	36,238,598	
	3 Pledges and grants receivable, net	3,766,415	3	4,141,520	
	4 Accounts receivable, net	0	4	0	
	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	0	5	0	
	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)	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	2,357,836	9	1,940,179	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,643,040			
	b Less: accumulated depreciation	10b 8,097,674	24,903,202	10c	23,545,366
	11 Investments—publicly traded securities	10,267,560	11	10,575,386	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,961,569	16	76,441,049		
Liabilities	17 Accounts payable and accrued expenses	3,806,089	17	3,992,274	
	18 Grants payable	0	18	0	
	19 Deferred revenue	1,982,212	19	1,628,643	
	20 Tax-exempt bond liabilities	5,775,000	20	5,425,000	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	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	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	3,801,588	25	5,720,206	
	26 Total liabilities. Add lines 17 through 25	15,364,889	26	16,766,123	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	27,164,362	27	29,014,379	
	28 Net assets with donor restrictions	25,432,318	28	30,660,547	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	52,596,680	32	59,674,926		
33 Total liabilities and net assets/fund balances	67,961,569	33	76,441,049		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,653,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,575,611
3	Revenue less expenses. Subtract line 2 from line 1	3	7,078,246
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,596,680
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,674,926

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
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 on Schedule O and describe any steps taken to undergo such audits.	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization THE TASK FORCE FOR GLOBAL HEALTH INC	Employer identification number 58-1698648
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68,115,208	36,813,330	47,166,232	45,641,975	66,108,782	263,845,527
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	68,115,208	36,813,330	47,166,232	45,641,975	66,108,782	263,845,527
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)						66,501,000
6 Public support. Subtract line 5 from line 4						197,344,527

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	68,115,208	36,813,330	47,166,232	45,641,975	66,108,782	263,845,527
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	89,763	825,669	1,189,041	1,412,850	1,499,153	5,016,476
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	-222,353	-598,040	-457,765	-1,540,029	-2,818,187
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0		0
11 Total support. Add lines 7 through 10						266,043,816
12 Gross receipts from related activities, etc. (see instructions)					12	0
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	74.18 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	80.05 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, 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):		
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):	1e	
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization THE TASK FORCE FOR GLOBAL HEALTH INC	Employer identification number 58-1698648
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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 (grassroots 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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: THE TASK FORCE FOR GLOBAL HEALTH INC; Employer identification number: 58-1698648

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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 make 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 program
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 on 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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	0	2,135,100		2,135,100
b Buildings	0	26,211,582	5,197,270	21,014,312
c Leasehold improvements	0	0	0	0
d Equipment	0	1,456,619	1,456,619	0
e Other	0	1,839,739	1,443,785	395,954
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,545,366

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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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	0
(2) Interest Rate Swap Liability	301,805
(3) Accrued Absences	456,510
(4) Payroll Liabilities	4,016,946
(5) Other Accrued Liabilities	944,945
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,720,206

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Complete if the organization answered "Yes" on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

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 Activities 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 the 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	Program Services	Operational research to sup	49,177
(2) Middle East and North Africa	0	0	Program Services	Operational Research supp	96,529
(3) South America	0	0	Program Services	Health Campaign Effectiven	103,393
(4) East Asia and the Pacific	0	0	Program Services	Health Campaign Effectiven	137,864
(5) Europe (including Iceland and C	0	0	Program Services	COVID Response support.	1,225,818
(6) South Asia	0	0	Program Services	Health Campaign Effectiven	2,480,120
(7) Sub-Saharan Africa	1	12	Program Services	Health Campaign Effectiven	4,878,740
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	12			8,971,641

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Operational Research	49,177	Wire transfer	0	N/A	N/A
(2)			South America	Health Campaign Effectiveness	103,393	Wire transfer	0	N/A	N/A
(3)			East Asia and the Pacific	Operational Research	137,864	Wire transfer	0	N/A	N/A
(4)			South Asia	Health Campaign Effectiveness	2,480,120	Wire transfer	0	N/A	N/A
(5)			Sub-Saharan Africa	Health Campaign Effectiveness	4,878,740	Wire transfer	0	N/A	N/A
(6)			Middle East and North Africa	Operational Research	96,529	Wire transfer	0	N/A	N/A
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 9

3 Enter total number of other organizations or entities . . . ▶ 52

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.

Schedule F, Part I, Line 2 - A Contract is executed with all the required deliverables and budget. Based on work performance, an agreed percentage of the grant is paid to the recipient after receiving an invoice and a narrative report. Occasionally, there are visits to the countries for feedback and to assess the impact of the project. Budget over-runs have to be explained before a contract amendment, if necessary, is made.

Lined area for supplemental information with horizontal dashed lines.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

58-1698648

THE TASK FORCE FOR GLOBAL HEALTH INC

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.

1 (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) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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.

Schedule I, Part I, Line 2 - Project managers monitor the activities and deliverables on the contracts by tracking deliverables in Smartsheet and ensuring the deliverables are completed on time by notifying the sub-awardees of deliverable due dates at least 3 days in advance. We request at least 2 financial reports throughout the duration of the project to monitor expenditures and we only send approximately 40% of the funds upfront depending on the size and duration of the award. We also monitor progress by attending monthly calls. If there are any delays or risks to completing the project on time, we work with the sub-awardee to make sure we have updated timelines and work with our grantor to make sure we follow the appropriate no-cost extension timelines to extend sub-awards when needed.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Meritus Advisory Group LLC 6200 E Shallowford Ct Suffolk, VA 23435	46-4132399	18,550	0
IRC code section				
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	Support for COVID-19			
Name and address	The Regents of the University of California 2195 Hearst Ave RM 130 MC 1103 Berkeley, CA 94720	94-3067788	39,654	0
IRC code section				
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	Support for COVID-19			
Name and address	Georgetown University 4000 Reservoir Rd NW Bldg D Ste Washington, DC 20057	53-0196603	48,831	0
IRC code section				
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	Support for COVID-19			
Name and address	Center for Global Health Innovation 999 Peachtree Street NE Atlanta, GA 30309	58-1849665	2,419,633	0
IRC code section				
Method of valuation	N/A			
Desc. of Non-Cash Asst.	N/A			
Purpose of grant	Support for COVID-19			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

Part I Questions Regarding Compensation

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 David A Ross, President & CEO	(i)	382,486	0	0	22,267	30,844	435,597	0
	(ii)	0	0	0	0	0	0	0
2 Mark McKinlay, Program Director	(i)	272,907	0	0	25,011	30,741	328,659	0
	(ii)	0	0	0	0	0	0	0
3 William P Nichols, Exec. VP/COO	(i)	270,492	21,277	0	24,335	1,192	317,296	0
	(ii)	0	0	0	0	0	0	0
4 Heather Brooks, Director of Organizational Effectiveness	(i)	77,079	0	0	6,937	14,067	98,083	0
	(ii)	0	0	0	0	0	0	0
5 Ellen Wild, Director of Business Strategy	(i)	172,266	11,413	0	15,596	1,028	200,303	0
	(ii)	0	0	0	0	0	0	0
6 Daniel Martins, Chief Financial Officer	(i)	145,637	6,300	2,601	14,193	44,731	213,462	0
	(ii)	0	0	0	0	0	0	0
7 Patrick O'Carroll, Program Sector Head	(i)	286,647	0	0	25,650	1,419	313,716	0
	(ii)	0	0	0	0	0	0	0
8 Patrick Lammie, Program Director	(i)	228,276	0	0	20,534	1,013	249,823	0
	(ii)	0	0	0	0	0	0	0
9 Vivian Singletary, Program Director	(i)	225,131	0	0	17,666	27,373	270,170	0
	(ii)	0	0	0	0	0	0	0
10 John Ward, Program Director	(i)	259,316	0	0	20,736	480	280,532	0
	(ii)	0	0	0	0	0	0	0
11 David G Addis, Program Director	(i)	246,487	0	2,000	21,853	30,636	300,976	0
	(ii)	0	0	0	0	0	0	0
12 Kris Sarlas, Program Director	(i)	197,547	0	0	14,918	41,592	254,057	0
	(ii)	0	0	0	0	0	0	0
13 Paul Emerson, Program Director	(i)	238,908	0	0	22,468	45,183	306,559	0
	(ii)	0	0	0	0	0	0	0
14 Yao Sodahlon, Program Director	(i)	231,580	0	0	20,793	42,335	294,708	0
	(ii)	0	0	0	0	0	0	0
15 Carl Reddy, Program Director	(i)	214,444	0	0	19,868	44,286	278,598	0
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Development Authority of DeKalb County	58-1500666	000000000	12/15/2016	7,000,000	Finance the purchase of a building		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,575,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	7,000,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	7,000,000							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		%		%		%
6 Total of lines 4 and 5		0 %		%		%		%
7 Does the bond issue meet the private security or payment test?	✓							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓						
b Exception to rebate?		✓						
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓							

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

Form 990, Part VI, Section B, Line 11b - Once the Return is prepared by the CFO, it is reviewed by management and thereafter made available to all board members for any comments, clarifications or corrections. After the board's review, the Return is finalized and filed with the IRS.

Form 990, Part VI, Section B, Line 12c - Board members, officers, and all employees are required to annually sign a declaration that they have read, and have complied with, the Conflict of Interest Policy. Any suspected or reported violations of the policy are to be referred to the Exec. VP/COO who would follow-up and investigate the matter.

Form 990, Part VI, Section B, Line 15 - The Task Force for Global Health, Inc. is an affiliate of Emory University and as such, all its employees are in fact Emory employees. For both the President and Exec. VP/COO, Emory includes these positions in its annual market review of compensated professionals in these categories. In addition, performance is measured against SMART goals. Furthermore the board reviews performance including a 360 feedback loop finalizing the President's performance.

Form 990, Part VI, Section C, Line 19 - Three years of audited financial statements and 990 Tax Returns are posted on the organization's website together with the Conflict of Interest policy and governing documents - Bylaws.

Reasonable Cause Explanations

Explanation

There is no doubt that human life and activities have been reshaped by the COVID-19 pandemic in the past two years and may continue beyond that. As a company, we also felt the COVID-19 impact in many ways. In November/December 2021, we had to separate two accounting staff due to a new corporate policy. One of these two played a major role in information gathering for the filing of the Form 990. In her absence, a vacuum was created which took some time to fill. Additionally, one of our Programs is actively involved with the Centers for Disease Control and Prevention in the fight against COVID-19. We were therefore swarmed with a lot of requests to send funds to many countries all around the world. Given the increased volume of work and reduced staffing, the daily tasks became overwhelming on the existing staff who had to deal with personal challenges at home, as well. In the midst of all these circumstances, we were not able to file for the required extension. Historically, we have never filed a late return, but as one may attest, the past few years have been nothing like normal. Humbly, we request that you make an exception to this late filing and waive any fees that may have accrued.

Activity Or Mission Description

Description

vaccine equity, and neglected tropical diseases. These impact areas include programs such as pandemic preparedness, polio eradication, field epidemiology training, public health informatics, health workforce development, and medical surplus recovery.

First Program Service Accomplishments Description**Description**

Americas, 10th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference, and FETP International Nights provided dozens of FETP trainees and alumni with opportunities to share their work with wider audiences, and build knowledge and skills in topics ranging from COVID-19 response to scientific writing, mental health, and program evaluation. In March, the Program launched the Field Epidemiology Abstract Database (FEAD), making more than 1,100 abstracts presented during our conferences available to the public. It also launched 8 free e-learning and classroom resources on the TEPHINET Learning Center. In partnership with the International Society for Infectious Diseases, it developed a special supplement to the International Journal of Infectious Diseases. "Field Epidemiology: The Complex Science behind Battling Acute Health Threats" featuring 11 articles highlighting investigations conducted by FETP trainees and graduates around the world. On September 7, TEPHINET led the global celebration of the first World Field Epidemiology Day, reaching more than 28 million people on social media and leading to more than a dozen events around the world. More than 40 organizations joined us as official partners. TEPHINET advocated for global field epidemiology capacity building and investment in FETPs through participation in meetings led by the World Health Organization, United Nations, European Union, Pandemic Action Network, and Global Health Council. It also testified on this topic before the U.S. Congress. TEPHINET officially assumed its role as the secretariat to the FETP Enterprise Strategic Leadership Group (SLG), which was formed to provide high-level leadership and accountability for the Global Field Epidemiology Roadmap. The SLG and its associated working groups have been meeting throughout 2021 to develop implementation plans for the Roadmap's recommendations. Through cooperative agreements with our funding partners, CDC and the U.S. Department of State, TEPHINET implemented over 130 projects worldwide aimed at strengthening health systems, improving disease surveillance and response, and increasing public health workforce capacity in field epidemiology. Public Health Informatics Institute (PHII) provided direct services to the U.S. public health system through a cooperative agreement with the Centers for Disease Control (CDC) and funding from the Robert Wood Johnson foundation. This funding supported PHII and its partners in efforts to increase the capacity of public health informaticians and other public health leaders and practitioners to improve the collection, management and use of information and information technology for protecting and improving health and reducing disparities. Key activities included providing workforce development and online tools to state and local health departments on the subject of prioritizing and initiating ongoing data modernization efforts; providing training to public health professionals in essential informatics competencies; carrying out a national assessment of the health IT and informatics landscape supporting self-measured blood pressure monitoring to identify gaps and barriers for widespread adoption and make recommendations for successful nationwide adoption; and equipping pilot sites across the United States to commence data collection on opioid use disorder in pregnant women. Additionally, PHII is an ongoing partner on a collaborative Gates Foundation-funded project that is collecting data to reduce childhood mortality across the globe; this project is working on mortality surveillance activities at sites in Asia and Sub Saharan Africa. PHII is also engaged with USAID funding for ongoing support of the creation and launch of a new, modernized database for tracking neglected tropical diseases; this year, these efforts included technical assistance for the development of core functional applications and convening a working forum for requirements development across key partners. The existence of this database will unify and standardize tracking and data analysis efforts that are part of the global, inter-organizational campaign to eliminate and eradicate neglected tropical diseases. Health Campaign Effectiveness(HCE) The first HCE Coalition meeting was held virtually on October 20-21, 2020. Over 180 people from 26 countries registered and 118 participated in the discussion groups. Members shared lessons learned on restarting campaigns during COVID-19, opportunities for collaboration and integrating campaigns, and transitioning from campaigns to PHC service delivery. HCE initiated a series of learning and knowledge exchange activities and events aimed to accelerate the identification of emerging lessons and promising practices around campaign integration and transitioning campaigns into PHC. These include hosting four "test and learn" webinars, several awardee exchanges, monthly newsletters, expanding the resources on the campaigneffectiveness.org website, and creating a web-based platform for collaboration among research awardees. New information and lessons learned emerged from a five-country study of opportunities for campaign integration (by BRI); a two-country study on community factors shaping campaign effectiveness (by Design Institute for Health (DIH)), a study of campaign outcome measures beyond coverage (UNICEF) and a study of campaign costs and efficiencies (by Thinkwell). Two project teams from Nigeria shared their lessons learned on collaborative campaign planning for malaria and immunizations in a highly attended webinar. Two additional technical briefs were developed: one on integration of Neglected Infectious Diseases in the Latin American and Caribbean Region (authored in collaboration with PAHO) and one on campaign integration--Lessons Learned from 30 years of polio (authored by STRIPE/Johns Hopkins University). The Scientific and Technical Advisory Committee (STAC) met four times, developed the HCE Research and Learning Agenda (RLA), provided input into a request for proposals (RFP) for implementation research, advised on the selection of research awards, and continues to support the on-going identification and promotion of promising practices. The Campaign Integration Working Group (CIWG) also met four times, contributed to the RLA and selection of implementation research awards, developed and promoted the campaign integration decision tool and has voiced their commitment to expanding their scope to develop new tools and resources in 2022. Together these governance groups include 51 members from 33 organizations and over a dozen countries. Obligating funds for implementation/operational research (i.e. sub-awards) was a high priority for year 2. Using carry-over funds from year one, the budget from implementation research was increased from the initial allocation of \$2.2 million to approximately \$2.9 million. MedSurplus Alliance (MSA) provided over \$183,000,000 in life-saving medical supplies, equipment, and medications to low-income communities through 1,214 qualified partners in 57 countries throughout the globe. These donations represent more than 4.5 million pounds of excess quality medical supplies repurposed to provide vital care for individuals in need, a significant step towards strengthening healthcare delivery and sustainable practices.

Second Program Service Accomplishments Description**Description**

The NTD SC also serves as the Secretariat for the Coalition for Operational Research on Neglected Tropical Diseases (COR NTD). The annual COR-NTD meeting brings together a growing group of researchers and country program implementers working to foster important collaborations to address the challenges faced by NTD programs that prevent the shared goal of eliminating these infections. Due to the travel restrictions imposed by COVID, the annual meeting and other COR-NTD technical meetings have now pivoted to virtual meetings in order to continue communal efforts to translate research outcomes into program practice and new ideas into future OR projects. The International Trachoma Initiative (ITI) works tirelessly for a world free from trachoma, even in the midst of a global pandemic. ITI contributes to the ultimate elimination of trachoma by stewarding Pfizer's donation of Zithromax(R) to treat and prevent the condition; building and strengthening partnerships to accelerate progress; and developing innovative tools to share data. Between September 2020 to August 2021, ITI organized just in time shipments of 47.4 million treatments for trachoma to be distributed at MDAs in 14 countries. As of August 2021, ITI shipped more than 953.2 million treatments to trachoma endemic countries since 1999. ITI continued its data management support for Tropical Data, a free mobile phone-based service to support trachoma programs as they conduct prevalence surveys, providing them with robust data for decision making on where antibiotic treatments are needed and where they can be stopped. As a key player in the global trachoma community, there have been tremendous achievements in reducing the population at risk of blindness from trachoma from an estimated 1.2 billion people in 2000 to 136.2 million in June 2021 according to the World Health Organization's (WHO) Weekly Epidemiological Record (WER). ITI will continue to work smarter so that the dream of a trachoma free world becomes a reality. The Mectizan Donation Program: Although mass treatment with Mectizan was interrupted at the beginning of the pandemic in 2020 from April to September, by 2021 interventions had resumed with COVID19 mitigation measures in place. In 2021, a total of 364.4 million treatments were approved-a decrease from 2020 when 416.8 million treatments were approved. This was due to several factors, most of which are related to the cancellation of ten applications due to the surplus inventory of Mectizan(R) that remained as a result of the lockdown and the interruptions and delays to MDA in 2020. Another factor was the temporary suspension of MDA in two countries where high customs clearance fees prevented shipments of donated Mectizan from reaching the national programs. We invite governments of countries where high clearance fees are assessed on donated medicines to take special measures to eliminate these import charges to avoid lack of access to vital, free medicines. An unexpected challenge arose as misinformation spread about the use of ivermectin as an alleged cure for COVID19 patients. This raised the risk of diversion of the donated Mectizan to unauthorized uses. In a heartening display of resilience, country partners and supporting organizations, the Mectizan Donation Program, the Mectizan Expert Committee, and Merck & Co., Inc. took diligent measures to protect Mectizan for its intended use: elimination of river blindness and LF. We are particularly grateful to our colleagues from the Department of Control of Neglected Tropical Diseases of WHO headquarters and from WHO Afro's Expanded Special Program to Eliminate NTDs (ESPEN) for hosting two webinars to clarify WHO position and sensitize countries on good use of Mectizan donated for the elimination of LF and river blindness. As of the end of 2021, cumulatively, nearly 4.8 billion Mectizan treatments have been approved by the Mectizan Donation Program, and nearly 11 billion tablets have been shipped to endemic countries by Merck since the donation was announced in 1987. These numbers are staggering. Even more staggering is the number of people who no longer need treatment with Mectizan as transmission of the diseases is suspected to have been interrupted. For river blindness, this number is 15.7 million and for LF the number is 191.8 million. It is remarkable to see these numbers increase each year as countries downscale the number of people treated. Five new countries and territories (Comoros, Nepal, Myanmar, French Polynesia and New Caledonia) were approved to receive Mectizan for the implementation of IDA to accelerate elimination of LF, bringing the number of IDA implementing countries and territories to 20. The Global Partnership for Zero Leprosy (GPZL) had many activities during the year. COVID19 Response. GPZL has worked to support the leprosy community during the COVID19 pandemic, forming working groups to address unique challenges faced by the community. Working Group 1 solved pandemic related supply chain problems to ensure that leprosy patients receive the multi drug therapy medication they need. Working Group 2 consulted with persons affected by leprosy to gather and share information about the needs of persons affected during the pandemic. They then offered advice for government and NGO response to these needs. Reports from Working Groups 1 and 2 about their work were published in Leprosy Review in December 2020, and a video created by Working Group 2 about the challenges faced by persons affected during the pandemic, featuring the voices of women affected, was released late November 2020. Country work. GPZL announced 10 new country partners (as well as continued work with Nepal) in 2020 and began country model implementation in Ghana in November, 2020. GPZL cohosted a webinar series on SDR PEP (leprosy post exposure prophylaxis with single dose rifampicin, a new preventative medication for leprosy) implementation with WHO's Global Leprosy Program in December 2020, helping to equip National Leprosy Program Managers to implement this new innovation in the field of leprosy. In 2021, Zero Leprosy Country Model implementation continued to gain momentum. Activities began in Cote d'Ivoire in Q2 2021 with the beginning of their country review. This work culminated in a stakeholders meeting and the development of a zero leprosy roadmap. From Q1 and Q3 2021 GPZL engaged two consultants to assist with validation and further development of the Zero Leprosy Country Model, and to build out an M&E framework for the model. Research. GPZL's Research Agenda was published in Infectious Diseases of Poverty in 2020. The agenda identifies the themes necessary for researchers/donors to pursue in order to reach zero leprosy. GPZL moved forward with the prioritization of these research topics and developed a landscape of ongoing research in 2021. GPZL also convened a Diagnostics working group to create target product profiles (TPP) for a leprosy diagnostic in 2020. Their work continued through 2021 with the completion of two target product profiles for leprosy diagnostics in quarters 2 and 3. Increasing funding for leprosy. In Q2 of 2021, GPZL submitted a proposal for a Swift Grant, a new opportunity supported by the MacArthur Foundation through their Bold Solutions

Schedule O, Statement 4

THE TASK FORCE FOR GLOBAL HEALTH INC

Network. We received this award in Q3 and will use the funds to create an advocacy and leadership development curriculum for patient advocates from stigmatizing NTDs. This proposal was submitted in partnership with two other TFGH programs: NTD-SC (also a Bold Solutions Network member) and FACE.

Third Program Service Accomplishments Description

Description

ministries of health and local NGOs during the implementation phase of the vaccination programs, providing technical assistance on vaccine delivery, safety, demand and communications, program planning, workforce development, data management and use, program evaluation and NITAG/Policy support. The program director, director of implementation and director projects have been involved in the implementation of the partner countries vaccination programs by reviewing and funding proposals to support the countries and also aligning our field staff to support COVID-19 activities in countries. The Partnership for Influenza Vaccine Introduction (PIVI) carried out the following activities: 541,040 influenza vaccines donated and delivered to 11 countries at the cost of \$2,702,240. The 11 countries were: Vietnam, Ukraine, Albania, Armenia, Bhutan, Cote d'Ivoire, Kyrgyzstan, North Macedonia, Moldova, Mongolia, Tajikistan. Sub-awards provided to 11 other countries was \$1,177,238. Those countries were: Albania, Armenia, Bhutan, Cote d'Ivoire, Kenya, Kyrgyzstan, Moldova, Mongolia, North Macedonia, Ukraine and EMRO. The Sub-awards were for: increasing cold chain for flu, flu communication activities and materials, vaccine distribution, ancillary benefit project, creating communication materials for flu and COVID, economic burden studies, KAP surveys, cost-effectiveness studies. PIVI completed influenza vaccine economic assessment in Morocco, Kyrgyz Republic and Lao PDR. The Lao PDR cost-effectiveness evaluation was published in a peer-reviewed journal and was presented to the Minister of Health. It also funded and completed a survey of global immunization managers to define challenges to influenza vaccine program sustainability. These data have been used to design communications campaigns and to develop new projects to address challenges with our sister program, Ready2Respond. Furthermore, it developed a information resource package for immunization policy leaders in the North Africa-Middle East region and added Ukraine to the PIVI partnership The Global Funders Consortium for Universal Influenza Vaccine Development (Uvax) Program undertook a number of activities. It convened an annual meeting and produced report of the annual meetings that serve to identify ongoing work in the field, highlight opportunities for investment, identify challenges that threaten to slow progress in the field, and possible solutions to address the challenges. The fourth annual meeting of the Consortium took place in two virtual sessions on October 28 and November 16, 2020 with the following outcomes: (1) common landscape of Consortium member activities and partnerships during the past year; (2) Consensus on continuing key Consortium-fostered activities, including the Influenza Vaccine Roadmap and Product Landscape. In addition, Uvax completed and released the Influenza Vaccine Roadmap - the culmination of 3-years of planning and consultation. This will provide a consensus group or sequenced activities that will accelerate the path to improved influenza vaccines. It participated as a member of the IVR Steering Committee with an ongoing support for development of a Technology Landscape for improved/universal vaccines -A revised version of the Landscape was published in January 2021, and TFGH has monthly calls and receives monthly reports from CIDRAP regarding progress. A new contract to extend the work was completed in September 2021. The Program worked with WHO to develop the plan for creating the Full Value Influenza Vaccines Assessment, which will address the consensus statement from members to develop models to understand the full value of next generation influenza vaccines. Funding for the work was made available through other TFGH influenza programs (PIVI and Ready2Respond), but the results will address Consortium priorities. There was also a re-engagement and expansion of the Industry Engagement Working Group to re-engage industry representatives. The focus of the engagement was to understand the effects of COVID-19 on their planned research and development of influenza vaccines. A standard data collection instrument was developed and 12 industry members were interviewed using a structured interview by the working group and the results was presented at the December 2021 meeting. Finally, new members were added including the Department of Biotechnology (Government of India) and the Institute of Virology (Russia). The Coalition for Global Hepatitis Elimination (CGHE) is the only technical and capacity-building organization solely devoted to hepatitis B and hepatitis C elimination. The Coalition is successfully demonstrated how collaborations in technical assistance, advocacy, and research help global, regional, and national leaders can reach goals for hepatitis elimination. Below is a summary of key program highlights. Virtual learning programs: Over the year, the Coalition created new opportunities for partners to share research findings and field experiences. CGHE launched 21 virtual learning sessions that reached 2,200 registrants from 90 countries. Recorded sessions were viewed 900+ times. One virtual meeting series centered on increasing the number of African countries adopting policies for universal hepatitis B birth dose vaccination of newborns. The Coalition convened 290 stakeholders from 35 countries to share updates on the status of hepatitis B birth dose vaccination and to identify needs for technical assistance. As part of this effort, the Coalition began preparing a toolkit to guide policy development for hepatitis B birth dose vaccination. Other virtual meeting topics included scaling hepatitis testing and linkage to care and translation of hepatitis research into public health practice. Launch of Hepatitis Elimination Tool: Budgeting and financial planning are an essential part of hepatitis elimination planning. In July 2021, in partnership with Massachusetts General Hospital/Harvard Medical School, the Coalition launched the web-based Hep C Elimination Tool to support national programs in budget-based planning. The free tool helps countries estimate the hepatitis C testing and treatment volumes needed for HCV elimination and the associated costs of achieving these goals. National Hepatitis Elimination Profiles: Six National Hepatitis Elimination Profiles were developed for the United States, Canada, Mexico, Brazil, Argentina, and Peru and released on World Hepatitis Day 2021. These profiles brought together local stakeholders to forge a shared understanding of their nation's hepatitis burden, along with the unique strengths and challenges of the hepatitis response. Additional activities included, hosting a virtual side-event at the 2020 United Nations General Assembly on the opportunities and challenges presented by the COVID-19 pandemic for hepatitis elimination, assisting WHO's development of the new global strategy for viral hepatitis elimination, completing a systematic review of 100+ national hepatitis action plans, publishing a multi-country research study on HCV retreatment and honoring 7 Hepatitis Elimination Champions for World Hepatitis Day

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

58-1698648

THE TASK FORCE FOR GLOBAL HEALTH INC

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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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	No
(1) Global Health Solutions Inc (20-3674498) 330 W Ponce de Leon Ave, Decatur, GA 30030	Oversees donated pharmaceutical	GA	501 (c)(3)	509(a)(3) Type 1	None		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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) Disproportionate 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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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 organization 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		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Disproportionate 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

