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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE GAVI CAMPAIGN F/N/A THE GAVI FUND Doing Business As	D Employer identification number 91-2004617
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1776 EYE STREET, NW 600	E Telephone number 202-478-7743
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006	G Gross receipts \$ 683,792,018.
		F Name and address of principal officer: THOMAS SELLERS SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527
J Website: WWW.GAVICAMPAIGN.ORG
K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1999 **M State of legal domicile:** WA
H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SAVE CHILDREN'S LIVES & PROTECT HEALTH VIA ACCESS TO IMMUNIZATION IN POOR COUNTRIES.</u>		
	2 Check this box <input checked="" 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	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1)	297,756,510.	229,458,214.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 8, and 7d)	15,418,127.	35,069,215.
	11 Other revenue (Part VIII, column (A), lines 8, 6d, 8e, 9c, 10c, and 11e)	-6,184,500.	94,417,554.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	306,990,137.	358,944,983.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	908,674,992.	221,904,200.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,586,512.	1,218,821.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,083,291.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,151,121.	3,719,269.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	932,412,625.	226,842,290.	
19 Revenue less expenses. Subtract line 18 from line 12	-625,422,488.	132,102,693.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,807,761,188.	End of Year 276,578,554.
	21 Total liabilities (Part X, line 26)	1,249,847,965.	210,493,724.
	22 Net assets or fund balances. Subtract line 21 from line 20	557,913,223.	66,084,830.

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: Thomas H Sellers Date: 10-28-2010
 ▶ Type or print name and title: Thomas H Sellers Exec Director + President

Paid Preparer's Use Only ▶ Preparer's signature: Margaret G. Brodtkow, CPA Date: 10/22/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 1676 MCLEAN DRIVE, MCLEAN, VA 22102
 Check if self-employed: Preparer's identifying number (see instructions): P00501222
 EIN ▶ 13-5565207
 Phone no. ▶ 703-286-8000

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
GAVI'S PRIMARY PURPOSE IS TO PROMOTE HEALTH BY: (1) PROVIDING FUNDS
FOR VACCINES AND THE MEANS TO DELIVER SUCH VACCINES TO CHILDREN OF THE
WORLD IN THE POOREST COUNTRIES; (2) FACILITATING THE RESEARCH AND
DEVELOPMENT OF VACCINES OF PRIMARY INTEREST TO THE DEVELOPING WORLD;

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 221,904,200. including grants of \$ 221,904,200.) (Revenue \$)
THE RESOURCES EXPENSED BY GAVI WERE USED TO PROVIDE NEW AND
UNDERUTILIZED VACCINES AND THE MEANS TO DELIVER THESE VACCINES
THROUGHOUT THE 72 COUNTRIES IN WHICH GAVI IS ENGAGED. AS A RESULT OF
GAVI SUPPORT, BY THE END OF 2009, GAVI HAD HELPED PREVENT 5.4 MILLION
FUTURE DEATHS THROUGH ROUTINE IMMUNIZATION AGAINST HEPATITIS B,
HAEMOPHILUS INFLUENZAE TYPE B (HIB) AND PERTUSSIS (WHOOPING COUGH), AND
ONE-OFF INVESTMENTS IN IMMUNIZATION AGAINST MEASLES, POLIO AND YELLOW
FEVER. MANY MORE HAVE BEEN PROTECTED AGAINST DEBILITATING ILLNESS AND
DISABILITY. FROM 2000 TO 2009, MORE THAN 257 MILLION CHILDREN HAVE BEEN
IMMUNIZED WITH GAVI-FUNDED VACCINES.

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

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

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

4e Total program service expenses ▶ \$ 221,904,200.

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>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
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>		X
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>		X
9	Did the organization report an amount in Part X, line 21; 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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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</i>		X
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>		X
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>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) 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>		X
25b 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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>	X	
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country. IRELAND See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		X
	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?		X
	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?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	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	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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: **AL, AR, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 202-478-7743**
1776 EYE STREET, NW, SUITE 600, WASHINGTON, DC 20006

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PAUL O'CONNELL CHAIRMAN	4.00	X		X				0.	0.	0.
WAYNE BERSON DIRECTOR (RES. 01/09)	2.00	X						0.	0.	0.
HRH PRINCESS CRISTINA OF SPAIN- DIRECTOR	2.00	X						0.	0.	0.
LEITH GREENSLADE DIRECTOR	2.00	X						0.	0.	0.
DWIGHT L. BUSH PRES./CHAIR (RES. 11/09)	2.00			X				0.	0.	0.
TIM NIELANDER SEC./LEGAL COUNSEL	1.00			X				0.	0.	0.
KEVIN KLOCK ASSISTANT SECRETARY	1.00			X				0.	0.	0.
ALICE ALBRIGHT TREASURER (RES. 7/09)	1.00			X				0.	0.	0.
TERESA TAUBE TREASURER (STARTED 12/09)	2.00			X				0.	0.	0.
THOMAS SELLERS EXEC.DIR./PRES./HON.DIR.	40.00			X				205,026.	0.	39,994.
SUSAN SWIFT MKTING./COMM.	40.00				X			165,508.	0.	39,497.
ANDREW MAGUIRE EXEC.DIR. (RES. 03/09)	40.00					X		113,333.	0.	11,789.
RICHELLE OGLE DIR. OF ST. INITIATIVES	40.00					X		135,311.	0.	32,071.
LORAIN SMEDLEY DIR. OF MAJOR GIVING	40.00					X		111,362.	0.	30,082.

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	75,000,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	154,458,214.				
	g	Noncash contributions included in lines 1a-1f \$		33,269,855.				
	h	Total. Add lines 1a-1f			229,458,214.			
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,116,424.			12,116,424.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			22,952,791.		22,952,791.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	PY GRANT EXP. RECOVERY		900099	100,502,477.	100,502,477.			
b	CURRENCY TRANSACTION		900099	-6,084,923.	-6,084,923.			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			94,417,554.				
12	Total revenue. See instructions			358,944,983.	94,417,554.	0.	35,069,215.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	26,477,729.	26,477,729.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	195,426,471.	195,426,471.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	450,025.			450,025.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	552,776.			552,776.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,255.		4,682.	68,573.
9 Other employee benefits	81,728.		4,592.	77,136.
10 Payroll taxes	61,037.			61,037.
11 Fees for services (non-employees):				
a Management				
b Legal	60,175.		59,905.	270.
c Accounting	575,286.		575,286.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	443,841.		443,841.	
g Other	1,909,488.		1,553,173.	356,315.
12 Advertising and promotion				
13 Office expenses	58,307.		44,050.	14,257.
14 Information technology	312,410.			312,410.
15 Royalties				
16 Occupancy				
17 Travel	159,404.		4,310.	155,094.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,557.		38,409.	10,148.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,412.		12,412.	
23 Insurance	94,780.		94,736.	44.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRNG. AND RECRUITMENT	23,479.		2,027.	21,452.
b SUBSCRIPTION/RESEARCH	21,130.		17,376.	3,754.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	226,842,290.	221,904,200.	2,854,799.	2,083,291.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	488,409.	1	387,644.
	2	Savings and temporary cash investments	536,122,894.	2	275,239,638.
	3	Pledges and grants receivable, net	524,225,310.	3	752,483.
	4	Accounts receivable, net	372,016.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,376,001.	9	95,067.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	46,145.		
	10b	Less: accumulated depreciation	28,307.		
	10c		5,785,691.	10c	17,838.
	11	Investments - publicly traded securities	297,985,201.	11	0.
	12	Investments - other securities See Part IV, line 11	400,327,130.	12	0.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	13,078,536.	15	85,884.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,807,761,188.	16	276,578,554.	
Liabilities	17	Accounts payable and accrued expenses	18,849,079.	17	1,275,209.
	18	Grants payable	929,916,389.	18	51,740,707.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	301,082,497.	25	157,477,808.
	26	Total liabilities. Add lines 17 through 25	1,249,847,965.	26	210,493,724.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	22,060,117.	27	59,020,283.
	28	Temporarily restricted net assets	535,853,106.	28	7,064,547.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	557,913,223.	33	66,084,830.	
34	Total liabilities and net assets/fund balances	1,807,761,188.	34	276,578,554.	

Part XI Financial Statements and Reporting

		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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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 in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	THE GAVI CAMPAIGN F/N/A THE GAVI FUND	Employer identification number	91-2004617
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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 11, 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)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	825,545,411.	244,826,545.	314,406,603.	297,756,510.	229,458,214.	1911993283.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	825,545,411.	244,826,545.	314,406,603.	297,756,510.	229,458,214.	1911993283.
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)						919,685,583.
6 Public support. Subtract line 5 from line 4						992,307,700.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	825,545,411.	244,826,545.	314,406,603.	297,756,510.	229,458,214.	1911993283.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,884,807.	33,403,730.	40,950,990.	31,174,882.	12,116,424.	147,530,833.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			45,000.	261,555.		306,555.
11 Total support. Add lines 7 through 10						2059830671.
12 Gross receipts from related activities, etc. (see instructions)					12	777,127.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	48.17	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	47.53	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE GAVI CAMPAIGN
F/N/A THE GAVI FUND
Employer identification number 91-2004617

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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 organization answered "Yes" to 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 XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

- a Board designated or quasi endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		46,145.	28,307.	17,838.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				17,838.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	358,944,983.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	226,842,290.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	132,102,693.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	152,873.
8	Other (Describe in Part XIV)	8	-624,083,959.
9	Total adjustments (net). Add lines 4 through 8	9	-623,931,086.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-491,828,393.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	259,405,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,406,364.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,406,364.
3	Subtract line 2e from line 1	3	257,998,665.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	443,841.
b	Other (Describe in Part XIV)	4b	100,502,477.
c	Add lines 4a and 4b	4c	100,946,318.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	358,944,983.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	751,386,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,406,364.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	624,083,959.
e	Add lines 2a through 2d	2e	625,490,323.
3	Subtract line 2e from line 1	3	125,895,972.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	443,841.
b	Other (Describe in Part XIV)	4b	100,502,477.
c	Add lines 4a and 4b	4c	100,946,318.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	226,842,290.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: THE GAVI CAMPAIGN PERFORMED AN EVALUATION OF UNCERTAIN

TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT

THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL

STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

LOSS DUE TO DISCONTINUED OPERATIONS -624083959.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR GRANT EXPENSE: 100502477.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS DUE TO DISCONTINUED OPERATIONS: 624083959.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR GRANT EXPENSE: 100502477.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
THE GAVI CAMPAIGN
F/N/A THE GAVI FUND

Employer identification number
91-2004617

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

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		159,500.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		5,003,798.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS		60,653,069.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS		7,239,825.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS		382,851.
SOUTH AMERICA	0	0	GRANTS		1,030,500.
SOUTH ASIA	0	0	GRANTS		4,686,152.
SUB-SAHARAN AFRICA	0	0	GRANTS		116,270,776.
Totals	0	0			195,426,471.

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

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **X**
Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	20,618,279.00	WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	26,568.00	WIRE TRANSFER	0.		
			EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT	40,000,000.00	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		29,547,375.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
			SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		3,719,250.	PREVENAR PREVENAR 7-VALENT CONJUGATE VACCINE	FMV
			SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		14,913.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	VACCINE SUPPORT	0.		20,096.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
			SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		6,846.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV

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

3 Enter total number of other organizations or entities **45**

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F, PART I, LINE 2: THE GAVI CAMPAIGN WILL MAKE AN INITIAL GRANT

TO THE GAVI ALLIANCE IN WHICH THE GAVI ALLIANCE ASSUMES THE GAVI

CAMPAIGN'S PROGRAMMATIC OBLIGATIONS AND THE GAVI CAMPAIGN TRANSFERS FUNDS

TO THE GAVI ALLIANCE TO SUPPORT SUCH PROGRAMMATIC OBLIGATIONS.

THEREAFTER, THE GAVI CAMPAIGN WILL CONSIDER MAKING GRANTS TO THE GAVI

ALLIANCE IN THE FUTURE IN RESPONSE TO GRANT PROPOSALS SUBMITTED BY THE

GAVI ALLIANCE. THE GAVI CAMPAIGN WILL ENGAGE IN AN INDEPENDENT REVIEW OF

EACH GRANT REQUEST AND EXERCISE ITS INDEPENDENT JUDGMENT WHETHER OR NOT

TO PROVIDE GRANT FUNDING TO THE GAVI ALLIANCE IN SUPPORT OF A SPECIFIC

GRANT PROPOSAL. ALL GRANT DISTRIBUTIONS TO THE GAVI ALLIANCE FOR SUPPORT

IN RESPONSE TO GRANT PROPOSALS WILL BE EVIDENCED BY A WRITTEN GRANT

AGREEMENT ESTABLISHING THE TERMS AND CONDITIONS OF THE GRANT, RESTRICTING

THE USE OF THE GRANT FUNDS FOR THE CHARITABLE PURPOSES FOR WHICH THE

GRANT IS MADE, AND REQUIRING CORRECTION OF ANY MISUSE OF GRANT FUNDS.

AS DESCRIBED ABOVE, ALL COUNTRY PROPOSALS SUBMITTED TO THE GAVI ALLIANCE

FOR FUNDING WILL INCLUDE STANDARD FUNDING APPROVAL TERMS AND CONDITIONS

WITH WHICH AN IMPLEMENTING COUNTRY AGREES TO COMPLY. IMPLEMENTING

COUNTRY REPRESENTATIVES (USUALLY THE MINISTER OF HEALTH FROM AN

IMPLEMENTING COUNTRY) ARE REQUIRED TO AGREE WITH THE FUNDING TERMS AND

CONDITIONS OF THE PROPOSAL BY SIGNING BOTH COUNTRY PROPOSALS AND ANNUAL

PROGRESS REPORTS, USUALLY PREPARED WITH REVIEW AND OVERSIGHT BY AN

INTERAGENCY COORDINATING COMMITTEE OR HEALTH SECTOR COORDINATING

COMMITTEE, OR ITS EQUIVALENT. AMONG OTHER PROVISIONS, THE FUNDING TERMS

AND CONDITIONS WILL INCLUDE A CONFIRMATION BY THE COUNTRY THAT ALL

FUNDING PROVIDED BY THE GAVI ALLIANCE UNDER THE PROPOSAL WILL BE USED AND

APPLIED FOR THE SOLE PURPOSE OF FULFILLING THE PROGRAMS DESCRIBED IN THE

PROPOSAL, THE COUNTRY'S AGREEMENT TO REIMBURSE THE GAVI ALLIANCE FOR ALL

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

FUNDING AMOUNTS THAT ARE NOT USED FOR THE PROGRAMS DESCRIBED IN THE PROPOSAL, AN ACKNOWLEDGEMENT THAT THE GAVI ALLIANCE MAY SUSPEND ALL OR PART OF ITS FUNDING TO THE COUNTRY IF IT HAS REASON TO SUSPECT THAT FUNDS HAVE BEEN USED FOR PURPOSE OTHER THAN FOR THE PROGRAMS DESCRIBED IN THE PROPOSAL, THE COUNTRY'S CONFIRMATION THAT IT WILL NOT OFFER ANY GIFT, PAYMENT OR BENEFIT DIRECTLY OR INDIRECTLY THAT COULD BE CONSTRUED AS AN ILLEGAL OR CORRUPT PRACTICE (INCLUDING FINANCING TERRORISM OR ILLEGAL ACTIVITIES), AND THE COUNTRY'S AGREEMENT THAT IT WILL CONDUCT REGULAR FINANCIAL AUDITS AND SHARE THESE WITH THE GAVI ALLIANCE.

ALL COUNTRIES RECEIVING SUPPORT FROM THE GAVI ALLIANCE MUST SUBMIT ANNUAL PROGRESS REPORTS TO THE GAVI ALLIANCE AS A CONDITION OF THE GRANT AND AS A REQUIREMENT FOR CONTINUED SUPPORT. AN INDEPENDENT REVIEW COMMITTEE REVIEWS COUNTRY PROGRESS REPORTS TO DETERMINE COMPLETION OF MILESTONES AND EFFICIENCY OF UTILIZATION OF GAVI ALLIANCE SUPPORT. ANNUAL PROGRESS REPORTS ALSO ARE REVIEWED BY WHO AND UNICEF EXPERTS TO CHECK DATA CONSISTENCY AND CALCULATION OF VACCINE REQUESTS. BASED ON ITS REVIEW OF PROGRESS REPORTS, THE INDEPENDENT REVIEW COMMITTEE MAKES TECHNICAL COMMENTS AND SUGGESTIONS, AND RECOMMENDS ONE OF THREE OUTCOMES TO THE GAVI ALLIANCE'S BOARD: (A) CONTINUE TO PROVIDE SUPPORT; (B) REQUEST CLARIFICATIONS BEFORE CONTINUING TO PROVIDE SUPPORT; OR (C) REQUEST RESUBMISSION OF THE REPORT, OR PART OF IT, AT THE NEXT REVIEW CYCLE AS INSUFFICIENT INFORMATION HAS BEEN PROVIDED, AND SUSPEND FUNDING UNTIL A SATISFACTORY ANNUAL PROGRESS REPORT HAS BEEN SUBMITTED.

CONSISTENT WITH PAST PRACTICE, THE GAVI CAMPAIGN WILL CONTINUE TO ANNUALLY EVALUATE THE MANNER IN WHICH ITS GRANTS ARE UTILIZED THROUGH GAVI ALLIANCE PROGRAMS AND INITIATIVES TO ENSURE COMPLIANCE WITH THE PURPOSES FOR WHICH THE GRANT IS MADE. THE GAVI ALLIANCE WILL PROVIDE THE

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

GAVI CAMPAIGN WITH COPIES OF THE ANNUAL PROGRESS REPORTS SUBMITTED BY AN

IMPLEMENTING COUNTRY THAT RECEIVED GRANT FUNDING FROM THE GAVI CAMPAIGN

THROUGH THE GAVI ALLIANCE. THE GAVI CAMPAIGN WILL REVIEW THE EXPENDITURE

OF THE GRANTED FUNDS, AS WELL AS THE PROGRAM ACCOMPLISHMENTS, TO ENSURE

THAT ITS GRANTS FOR GAVI ALLIANCE PROGRAMS ARE IN FURTHERANCE OF THE GAVI

CAMPAIGN'S CHARITABLE PURPOSES.

THE GAVI CAMPAIGN MAY AT ITS DISCRETION FUND GRANTS TO ENTITIES OTHER

THAN GAVI ALLIANCE.

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	VACCINE SUPPORT	0.		20,412.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SOUTH AMERICA	VACCINE SUPPORT	0.		545,000.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	VACCINE SUPPORT	0.		5,022.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	56,199.	WIRE TRANSFER	7,490,359.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		4,038,024.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		86,410.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		1,788,178.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		23,894,500.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		54,406.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	VACCINE SUPPORT	0.		86,325.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		41,025.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		394,352.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		73,477.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		8,231.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SOUTH AMERICA	VACCINE SUPPORT	0.		485,500.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	VACCINE SUPPORT	0.		39,000.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		44,269,000.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		EAST ASIA AND THE PACIFIC	VACCINE SUPPORT	0.		19,742.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	VACCINE SUPPORT	0.		75,781.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		6,987.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		116,134.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		98,999.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	VACCINE SUPPORT	0.		120,500.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		142,229.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		59,553.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SOUTH ASIA	GENERAL SUPPORT	1,495,240.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	VACCINE SUPPORT	0.		24,829.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV

THE GAVI CAMPAIGN
F/N/A THE GAVI FUND

91-2004617

Page 2

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		90,000.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		6,116.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		40,055.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		EAST ASIA AND THE PACIFIC	VACCINE SUPPORT	0.		92,446.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SOUTH ASIA	VACCINE SUPPORT	0.		3,170,500.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		44,786.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	VACCINE SUPPORT	0.		326,295.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	23,270.	WIRE TRANSFER	69,241.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		45,066.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV

Schedule F-1 (Form 990) 2009

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	VACCINE SUPPORT	0.		31,000.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		EAST ASIA AND THE PACIFIC	VACCINE SUPPORT	0.		4,791,000.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		MIDDLE EAST AND NORTH AFRICA	VACCINE SUPPORT	0.		7,153,500.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV
		SUB-SAHARAN AFRICA	VACCINE SUPPORT	0.		39,945.	PREVENAR PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE	FMV

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE GAVI CAMPAIGN
F/N/A THE GAVI FUND** Employer identification number
91-2004617

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
UNICEF 333 EAST 38TH STREET NEW YORK, NY 10016	13-1760110	501(C)(3)	14,327,644.	0.	BOOK		GENERAL SUPPORT AND VACCINE PROCUREMENT
JOHN HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH 615 N. WOLFE STREET - BALTIMORE, MD 21205	52-0595110	501(C)(3)	7,223,518.	0.	BOOK		RESEARCH SERVICE AGREEMENT
PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH - 1455 NW LEARY WAY - SEATTLE, WA 98107	91-1157127	501(C)(3)	1,700,000.	0.	BOOK		GENERAL SUPPORT
IBRD 1818 H STREET NW WASHINGTON, DC 20433	52-1447402	501(C)(3)	3,226,567.	0.	BOOK		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2. GAVI MONITORS THE USE OF GRANT FUNDS INSIDE THE

US THROUGH THE FOLLOWING WAYS - (1) THROUGH ANNUAL TECHNICAL PROGRESS

REPORTS AND CERTIFIED FINANCIAL REPORTS FROM GRANTEEES THAT SUPPORT THE

ACHIEVEMENT OF MILESTONES STIPULATED IN THE GRANT AGREEMENTS, REPORTS ARE

RECEIVED AND REVIEWED BY THE GAVI ALLIANCE POLICY AND PERFORMANCE TEAM, AND

(2) THROUGH GRANT EVALUATIONS PERFORMED BY INDEPENDENT CONSULTANTS DURING

THE CONTRACT PERIOD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization **THE GAVI CAMPAIGN**
F/N/A THE GAVI FUND Employer identification number **91-2004617**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	3,242,450	33,266,625.	FMV FROM PAHO
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FURNITURE)	X	1	3,230.	BOOK VALUE
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal 0.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?
- b If "Yes," provide the date of the letter Attach a copy of the letter and, if applicable, the organization's request for the letter
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
FIXED ASSETS		01/01/09	5,765,160	BOOK VALUE	98-0593375	GAVI ALLIANCE 2 CHEMIN DES MINES, 1202 GENEVA, SWITZERLAND	501(C)(3)
INVESTMENTS		01/01/09	973,166,085	BOOK VALUE	98-0593375	GAVI ALLIANCE 2 CHEMIN DES MINES, 1202 GENEVA, SWITZERLAND	501(C)(3)
PLEDGE RECEIVABLES		01/01/09	411,712,612	BOOK VALUE	98-0593375	GAVI ALLIANCE 2 CHEMIN DES MINES, 1202 GENEVA, SWITZERLAND	501(C)(3)
PREPAID ASSETS		01/01/09	21,460,705	BOOK VALUE	98-0593375	GAVI ALLIANCE 2 CHEMIN DES MINES, 1202 GENEVA, SWITZERLAND	501(C)(3)
OTHER ASSETS		01/01/09	967,665	BOOK VALUE	98-0593375	GAVI ALLIANCE 2 CHEMIN DES MINES, 1202 GENEVA, SWITZERLAND	501(C)(3)

- 2 Did or will any officer, director, trustee, or key employee of the organization
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

	Yes	No
2a		X
2b		X
2c		X
2d		X

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization	THE GAVI CAMPAIGN F/N/A THE GAVI FUND	Employer identification number	91-2004617
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(3) TO PROVIDE SUPPORT IN CONNECTION WITH ACHIEVING THE FOREGOING

PURPOSES BY HELPING TO STRENGTHEN HEALTH CARE SYSTEMS AND CIVIL

SOCIETIES SUPPORTING SUCH PURPOSES IN THE DEVELOPING WORLD.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE GAVI CAMPAIGN'S SHIFTED ITS FOCUS FROM DIRECT INTERVENTION

ACTIVITIES TO RAISING RESOURCE TO PERFORM INTERVENTION ACTIVITIES IN

SUPPORT OF THE SAME MISSION. THE RESULT WAS TO PLACE THE COMPARATIVE

ADVANTAGES WHERE THE DISCRETE EXPERTISES LIE. FOR EXAMPLE, VACCINE

PROCUREMENT, HEALTH SYSTEMS STRENGTHENING AND INJECTION SAFETY SUPPORT

INTERVENTIONS ARE PERFORMED BY THE EXPERTS AT THE GAVI ALLIANCE. THE

GAVI CAMPAIGN IS NOW FOCUSED TO CONCENTRATE ON PRIVATE SECTOR

ENGAGEMENT, MOBILIZING RESOURCES AND RAISING THE PROFILE OF

IMMUNIZATION WITHIN THE SECTOR, IN SUPPORT OF ORGANIZATIONS THAT SHARE

ITS MISSION TO SAVE LIVES AND PROTECT HEALTH THROUGH INCREASED ACCESS

TO IMMUNIZATION.

FORM 990, PART VI, SECTION A, LINE 4: CHANGES TO THE ORGANIZATION

DOCUMENTS ARE THE FOLLOWING:

1. NAME CHANGE OF THE CORPORATION TO GAVI CAMPAIGN.

2. TO CORRECT THE DATE REFERENCED IN #2 OF THE PREAMBLE TO THE ARTICLES OF

AMENDMENT OF THE CORPORATION FILED WITH THE WASHINGTON SECRETARY OF STATE

ON MARCH 23, 2010.

3. PREAMBLE #2 IS DELETED IN ITS ENTIRETY AND SHOULD READ AS FOLLOWS:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization	THE GAVI CAMPAIGN F/N/A THE GAVI FUND	Employer identification number	91-2004617
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2. THE CORPORATION HAS NO MEMBERS, AND PURSUANT TO RCW 24B.03.170, THE

FOLLOWING AMENDMENT TO THE ARTICLES OF INCORPORATION WERE ADOPTED BY THE

BOARD OF DIRECTORS ON DECEMBER 8, 2009.

FORM 990, PART VI, SECTION B, LINE 11: 1. OUTSOURCED ACCOUNTANT (OA)

GATHERS ALL INFORMATION NEEDED TO PREPARE THE ANNUAL FORM 990.

2. THE TREASURER REVIEWS THE DRAFT FORM 990 AND RESOLVES ANY NEEDED CHANGES

WITH THE OA.

3. THE TREASURER SUBMITS THE FORM 990 TO THE TAX FIRM. THE TREASURER

REVIEWS THE FORM 990 AND RESOLVES ANY NEEDED CHANGES WITH THE TAX FIRM AND

OA. ONCE CORRECTED, THE TREASURER SENDS FORM 990 TO THE EXECUTIVE

DIRECTOR/PRESIDENT FOR REVIEW AND APPROVAL.

4. EACH OF THE GAVI CAMPAIGN'S DIRECTORS ARE PROVIDED WITH A COPY OF THE

FORM 990, INCLUDING ALL REQUIRED SCHEDULES, FOR REVIEW OF THE PROPER

FILING.

5. ONCE APPROVED, THE TAX FIRM ISSUES FINAL SIGNED COPY TO THE EXECUTIVE

DIRECTOR/PRESIDENT FOR SIGNATURE.

6. THE EXECUTIVE DIRECTOR/PRESIDENT SIGNS FORM 990 AND RETURNS TO THE

TREASURER.

7. THE TREASURER FILES THE RETURN WITH THE IRS AND FORWARDS A COPY TO THE

FILING AGENT FOR FILING COMPLIANCE WITH EACH STATE.

8. THE FILING AGENT SUBMITS FORM 990 ALONG WITH STATE REGISTRATION FILINGS

TO EACH STATE.

FORM 990, PART VI, SECTION B, LINE 12C: THE SECRETARY ANNUALLY DISTRIBUTES

A SCHEDULE OF ENTITIES WITH WHICH THE GAVI CAMPAIGN HAS CONTRACTUAL

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

THE GAVI CAMPAIGN
F/N/A THE GAVI FUND

Employer identification number
91-2004617

RELATIONSHIPS TO THE DIRECTORS, OFFICERS, AND KEY EMPLOYEE AND COLLECTS

FORMS OF THESE INDIVIDUALS STATING CONFLICTS. THE CONFLICT OF INTEREST

POLICY REQUIRES "A PERSON (TO) DISCLOSE A FINANCIAL OR PERSONAL INTEREST

AND (TO) BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE

BOARD." THE INITIAL OPPORTUNITY TO DO THIS OCCURS WHEN EACH DIRECTOR,

OFFICER, OR KEY STAFF MEMBER DISCLOSES THEIR CONFLICTS ON THE REQUIRED

ANNUAL STATEMENT WHICH IS ALSO REQUIRED BY THE POLICY. THEN "THE

BOARD..MAY ASK [THE CONFLICTED DIRECTOR OR OTHER PERSON] TO LEAVE THE BOARD

MEETING DISCUSSING WHETHER A CONFLICT OF INTEREST EXISTS OR TO WAIVE SUCH

REQUIREMENT AND PERMIT PARTICIPATION ON TERMS ESTABLISHED BY THE BOARD."

FURTHER PROVISIONS IN THE POLICY EXIST FOR FINDING ALTERNATE VENDOR

ARRANGEMENTS TO AVOID CONFLICTS, RECORDING CONFLICTS IN THE MINUTES WHEN

DECISIONS ARE TAKEN, AND ADDRESSING VIOLATIONS OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: GAVI UNDERTOOK A STUDY TO DETERMINE

APPROPRIATE COMPENSATION LEVELS, WHICH LOOKED AT HISTORIC PRACTICES AT

GAVI, PRACTICES AT ORGANIZATIONS SIMILAR TO GAVI, AND MARKET DATA IN

WASHINGTON, DC AND GENEVA. ON JANUARY 1 EACH YEAR, THE APPROACH TO ADJUST

SALARY SCALES (AND MAINTAIN MARKET POSITION) IS BASED ON A COST OF LIVING

ADJUSTMENT (COLA) RELATIVE TO THE TWO LOCATIONS. THE SWISS AND WASHINGTON,

DC CONSUMER PRICE INDEX OR AN EQUIVALENT INDEX SERVES AS A BASIS FOR THE

COLA ADJUSTMENT.THE SHARED PERSPECTIVE BY LEGAL AND GOVERNANCE IS THAT THE

INDEPENDENT CONSULTANT REVIEWED THE PROPOSED SALARY BANDING FOR ALL

POSITIONS. WHEN THIS PROCESS IS COMPLETED THE COMPENSATION THAT IS

DETERMINED IS THEN APPROVED BY THE BOARD AND THAT THE DELIBERATION PROCESS

IS DOCUMENTED DURING THE BOARD MEETING.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization	THE GAVI CAMPAIGN F/N/A THE GAVI FUND	Employer identification number 91-2004617
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, NM

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, ND

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE POSTED TO

THE GAVI CAMPAIGN WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY.

FILED
SECRETARY OF STATE
APR 05 2010
STATE OF WASHINGTON

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF
GAVI CAMPAIGN

Pursuant to RCW 24.03 of the Washington Nonprofit Corporation Act, the undersigned adopts the following Articles of Amendment to the Articles of Incorporation:

1. The name of the Corporation is GAVI Campaign (the "Corporation").
2. These Articles of Amendment are filed to correct the date referenced in #2 of the preamble to the Articles of Amendment of the Corporation filed with the Washington Secretary of State on March 23, 2010. Preamble #2 is deleted in its entirety and should read as follows:
 2. The corporation has no members, and pursuant to RCW 24B.03.170, the following amendments to the Articles of Incorporation were adopted by the Board of Directors on December 8, 2009:

The foregoing Articles of Amendment are executed by the undersigned, who is authorized to do so on behalf of the Corporation.

DATED effective as of April 2, 2010.

GAVI CAMPAIGN


Kevin Klock, Assistant Secretary



FILED
SECRETARY OF STATE
MAR 23 2010
STATE OF WASHINGTON

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION

OF

THE GAVI FUND

Pursuant to the provisions of RCW 24.03 of the Washington Nonprofit Corporation Act, the undersigned adopts the following Articles of Amendment to the Articles of Incorporation:

1. The name of the Corporation is The GAVI Fund.
2. The corporation has no members, and pursuant to RCW 24B.03.170, the following amendments to the Articles of Incorporation were adopted by the Board of Directors on February 6, 2009:

Article I is deleted in its entirety, and shall read as follows:

Article I
Name

The name of the corporation shall be the "GAVI Campaign" (hereinafter referred to as the "Corporation").

Article IV is deleted in its entirety, and shall read as follows:

Article IV
Purposes and Powers

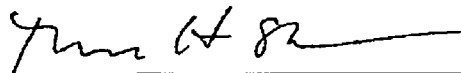
The Corporation is organized exclusively for the purposes as specified in Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code"), specifically to promote health by: (i) providing vaccines and the means to deliver such vaccines to children of the world in the poorest countries; (ii) facilitating the research and development of vaccines of primary interest to the developing world; and (iii) to provide support in connection with achieving the foregoing purposes, by helping to strengthen health care systems and civil societies supporting such purposes in the developing world.

In furtherance of the foregoing purposes, the Corporation may receive property by gift, devise or bequest, invest and reinvest the same, and apply the income and principal thereof, as the Board of Directors may from time to time determine, either directly or through contributions to any charitable organization or organizations, and engage in any lawful activity which may be necessary, useful or desirable for the furtherance, accomplishment, fostering or attainment of the foregoing purposes, either directly or indirectly and either alone or in conjunction or cooperation

with other, whether such other be persons or organizations of any kind or nature, such as corporations, firms, associations, trusts, institutions, foundations, or governmental bureaus, departments or agencies.

In general, and subject to such limitations and conditions as are or may be prescribed by law, or in the Corporation's Articles of Incorporation or Bylaws, the Corporation shall have all powers which now or hereafter are conferred by law upon a corporation organized for the purposes set forth above, or are necessary or incidental to the powers so conferred, or are conducive to the attainment of the Corporation's purposes.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Amendment effective as of the 19th day of March, 2010.



Thomas Sellers, Executive Director / President
GAVI Campaign

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization THE GAVI FUND	Employer identification number 91-2004617
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 1776 EYE STREET NW	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20006	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ _____
- Telephone No ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	0.
3c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization THE GAVI CAMPAIGN F/N/A THE GAVI FUND	Employer identification number 91-2004617
	Number, street, and room or suite no. If a P O box, see instructions. 1776 EYE STREET, NW, NO. 600	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20006	

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990 EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990 BL
 Form 990-PF
 Form 990 T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of 1776 EYE STREET, NW, SUITE 600 - WASHINGTON, DC 20006
Telephone No 202-478-1050 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for
- I request an additional 3 month extension of time until NOVEMBER 15, 2010
- For calendar year 2009, or other tax year beginning _____, and ending _____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN.

8a	If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature RUSA Title CPA Date 8/9/10